

**REQUEST FOR PROPOSALS FOR PROFESSIONAL SERVICES**  
**Medical Physicals and Laboratory Testing Services**  
**ISSUED BY Government Support Services**  
**CONTRACT NUMBER GSS14712-PHYTESTLAB**

**I. Overview**

The State of Delaware Office of Management and Budget, Government Support Services, seeks professional services to provide Medical Physicals and Laboratory Testing Services for the Department of Safety and Homeland Security. This request for proposals ("RFP") is issued pursuant to 29 *Del. C.* §§ [6981](#) and [6982](#).

The proposed schedule of events subject to the RFP is outlined below:

Public Notice	Date: December 2, 2013
Deadline for Questions	Date: December 10, 2013 at 4:00 PM (Local time)
Response to Questions Posted by:	Date: December 17, 2013
Deadline for Receipt of Proposals	Date: January 9, 2014 at 1:00 PM (Local Time)
Estimated Notification of Award	Date: March 1, 2014

Each proposal must be accompanied by a transmittal letter which briefly summarizes the proposing firm's interest in providing the required professional services. The transmittal letter must also clearly state and justify any exceptions to the requirements of the RFP which the applicant may have taken in presenting the proposal. (Applicant exceptions must also be recorded on Attachment 3). Furthermore, the transmittal letter must attest to the fact that no activity related to this proposal contract will take place outside of the United States. The State of Delaware reserves the right to deny any and all exceptions taken to the RFP requirements.

**MANDATORY PREBID MEETING**

**A mandatory pre-bid meeting has not been established for this Request for Proposal.**

**II. Scope of Services**

**A. Purpose**

1. The Division of State Police is seeking physicians and/or medical facilities to provide the following:
  - Annual physical examination with lab work for incumbent State Troopers
  - Pre-employment physical examinations with lab work and additional diagnostic testing for Recruit Trooper, Cadet, Sex Offender Registry Enforcement Agent, and Drug Control & Enforcement Agent applicants.
  - Pre-employment physical examinations for Telecommunications Specialist.
  - Pre-employment physical examinations with lab work for periodic fit-for-duty evaluations for both trooper and civilian employees as a condition of continued employment and to ensure the essential job functions can be met as outlined in Appendix A.

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- Periodic examinations as listed in Item # I – Periodic Examinations.
2. It is highly desirable that the physician and/or medical facility be able to provide the laboratory work in addition to the physical examinations.

**B. Location**

- It is a requirement to provide a physician and/or permanent medical facility in each county.
  - a. New Castle County
  - b. Kent County
  - c. Sussex County
- The Division averages 200-400 physicals per year. This number is only an estimate and the Division reserves the right to increase or decrease this amount during the contract period.
- It is important to note that incumbent employees have an option to use their personal physicians to satisfy the annual physical examination requirement, at their own expense. If doing so, they still have the option of using the Division's contracted facility.

**C. Statement of Qualifications**

A statement of qualifications must be submitted in a separate binder and include a description of organizational and staff experience, and resumes of proposed staff.

1. Organizational and Staff Experience: Offerers must describe their qualifications and experience to perform the work described in this Request for Proposal. Information about experience should include direct experience with the specific subject-matter area.
2. References: Special notification must be made of similar or related programs performed and must include organization names, addresses, names of contact persons, and the telephone numbers of such reference. A minimum of three (3) references is requested.
3. Personnel: Full-time and part-time staff, proposed consultants and subcontractors who will be assigned direct work on this project shall be identified. Information is required which will show the composition of the task or work group, its specific qualifications and recent relevant experience. The technical areas, character, and extent of participation by any subcontractor or consultant activity must be indicated and the anticipated sources will be identified.
4. Policies: Policy statement and accountability practices regarding criminal history monitoring of all employees.
5. Equipment Information: Documentation on equipment calibration, reliability and validity. (Example: Audiogram/Booth, etc.)

**D. Services to be Performed**

1. Separate prices for the following services are requested:
  - a. Basic physical examination
  - b. Itemized listing and pricing for laboratory testing listed in Laboratory Procedures - #E.
  - c. Chest X-Rays (single view)

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- d. Audiogram/Booth
  - e. Visual Acuity – Titmus
  - f. Pulmonary Function Test
  - g. Review of OSHA Respirator Medical Evaluation Questionnaire
  - h. 10-panel Non-DOT Drug Screen with Chain of Custody Handling
  - i. Electrocardiogram
  - j. Heavy Metals Blood Test – Arsenic, Lead, Cadmium, Chromium, Mercury, Zinc, Cooper, Tin, and Aluminum
2. The basic physical examination shall include the minimum following components:
- a. Observation  
Physician should always observe the patients'
    - 1) State of health
    - 2) Stature
    - 3) Habits
  - b. Vital Signs
    - 1) Blood pressure
    - 2) Heart Rate (pulse)
    - 3) Respiratory rate (not mandatory)
    - 4) Temperature (not mandatory)
  - c. Head
    - 1) Skull and scalp
    - 2) Eyes
    - 3) Ears
    - 4) Nose
    - 5) Mouth and throat (gums, teeth, and tonsils)
  - d. Neck
    - 1) Lymph nodes
    - 2) Thyroid gland
  - e. Chest and Lungs
  - f. Heart
  - g. Abdomen
    - 1) Liver
    - 2) Spleen
    - 3) Kidney
  - h. Neurologic Examination
    - 1) Motor
      - a) Muscle tone
      - b) Strength
      - c) Coordination
    - 2) Sensory
      - a) Pain
      - b) Touch

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- c) Position
  - d) Reflex (vibration)
  - i. Rectal Examination for Men  
ONLY IF REQUESTED BY MALE PATIENTS or a compelling medical reason exists for doing so, in which case the reason must be documented on the form.
    - 1) Anus
    - 2) Rectum
    - 3) Prostate
  - j. Breast, Genital and Rectal Examination for Women  
ONLY IF REQUESTED BY FEMALE PATIENTS or a compelling medical reason exists for doing so, in which case the reason must be documented on the form.
3. The following procedures are required for each specific group:
- a. Incumbent Troopers – Annual Examinations
    - 1) Basic physical exam
    - 2) Lab work
    - 3) UA
    - 4) Visual Acuity – Titmus (when requested by Agency)
    - 5) Audiogram/Booth (for Aviation and Firearms Training Unit personnel **only**)
    - 6) Heavy Metals – Arsenic, Lead, Cadmium, Chromium, Mercury, Zinc, Copper, Tin, and Aluminum (for Firearms Training Unit personnel and Clandestine Lab personnel **only and as requested**)
    - 7) Complete Metabolic Panel (Clandestine Lab personnel only)
    - 8) Pulmonary Function Test (Clandestine Lab personnel only)
  - b. Conditional Hires for Recruit Trooper, Cadet, Drug Control Enforcement Agent, and Sex Offender Registry Enforcement Agent applicants
    - 1) Basic physical exam
    - 2) Lab work
    - 3) UA
    - 4) EKG
    - 5) Chest X-Ray (single view)
    - 6) Audiogram/Booth
    - 7) 10-panel Non-DOT Drug Screen with Chain of Custody Handling
  - c. Conditional Hires for Telecommunications Specialist/Civilian positions
    - 1) Basic physical exam (**absolutely no lab work to be performed**)
    - 2) Audiogram/Booth
    - 3) Visual Acuity – Titmus
  - d. On Occasion members of the following units will be sent for physicals and required testing/screening:
    - 1) Command Post (Commercial Driver's License (CDL) Physical)  
For more information on CDL Physicals and Federal requirements established please refer to: [FMCSA Medical Programs - Federal Motor Carrier Safety Administration](#)
    - 2) SCUBA
    - 3) Explosive Ordinance Disposal (EOD)

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**E. Laboratory Procedures**

1. Laboratory tests to be performed consist of the following:
  - a. Urinalysis
  - b. Complete blood count with differential
  - c. Lipid Profile B
  - d. Complete Metabolic Panel – Clandestine Lab personnel only
  - e. Prostatic Specific Antigen (only to employees 40+ years or age or older)
  - f. Heavy metals blood test – Arsenic, Lead, Cadmium, Chromium, Mercury, Zinc, Copper, Tin and Aluminum (Firearms Training Unit and Clandestine Lab personnel **only and as requested**)
  - g. 10-panel Non-DOT Drug Screen with Chain of Custody Handling (Recruit Trooper, Drug Control & Enforcement Agent, and Sex Offender Registry Agent applicants **only**)
2. The following tests or other tests may be performed if, in the opinion of the physician, the information is essential to diagnose the individual's state of health and/or ability to perform necessary work requirements. Any additional testing deemed necessary by the physician, not listed above, will need prior approval from the Human Resources Office.
  - a. Chest X-Rays (single view)
  - b. Audiogram/Booth (**Mandatory** requirement for Aviation & Firearms Training Unit personnel **only**)
  - c. Electrocardiogram
  - d. Pulmonary Fitness Test (When required during the Review of the OSHA Respirator Medical Evaluation Questionnaires and for Clandestine Lab personnel)

**F. Results of Examination**

1. Turnaround time for providing physical examination results to the Division should be within 2 to 3 workdays, and no more than 5 working days.
2. The original results of the physical examination and laboratory work shall be forwarded to the Delaware State Police Director of Human Resources
3. A copy of the physical examination and lab results shall also be provided to the employee with the exception of fit-for-duty evaluations, which will be forwarded to the Delaware State Police Director of Human Resources only.
4. The examining physician is responsible for reviewing the results of all tests that are ordered. DO NOT evaluate a patient "pending laboratory work" and DO NOT assume that the results will be reviewed elsewhere.
5. The examining physician shall be available, within a reasonable amount of time, for consultation with the Division's designated representative to discuss or clarify any questions about the results. Physician shall also be available to answer questions, and/or give medical opinions in regard to any Divisional employee, i.e. effects of medication on employee performance.

**G. Medical History Forms**

1. The Division will provide the following forms:
  - a) Delaware State Police Applicant Medical History Booklet

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- b) Delaware State Police Medical History Form
  - c) OSHA Respirator Medical Evaluation Questionnaire – DSP Modified Version
  - d) As needed, required forms for examinations/evaluations
2. All original medical forms shall be returned to the Delaware State Police Director of Human Resources with all medical reports and results, except those which are prohibited by The Genetic Information Nondiscrimination Act (GINA) of 2008.
3. The front page and the top portion of the back of the medical history form will be completed by the employee, signed, and dated.
4. The remainder of the form shall be completed by the physician or qualified designee as follows:
- a) Vital Signs: Record the vital signs (blood pressure, pulse rate, height and weight are required; respiration and temperature are not), and the results of the hearing (normal or abnormal) and all required information on vision.
  - b) History: Briefly elaborate on all items marked “yes” by the patient. For example, if the patient answered “yes” to “surgery”, a brief explanation such as “Appendectomy, 1963” will enable us to determine its relevance.
- Be certain that either a “yes” or “no” response is recorded for EACH ITEM. **DO NOT ALLOW ANY BLANKS.** If the patient does not complete the form, we cannot make any assumptions as to his/her response.
- c) Physical Examination: Check off “normal” or “abnormal” for each item unless you did not perform the examination. In that case, write “N/A” for “Not Applicable”.
    - 1) The physician shall write a brief summary of the total overall health results.
    - 2) The physician shall check off blocks “Medically qualified for job”, “Patient advised of positive findings”, and “Patient referred to personal physician”
    - 3) The physician shall sign and date the form.

**H. Applicant Testing**

It is a requirement of the Division to obtain physical examinations and medical history information on applicants given a conditional offer of employment for the positions of Recruit Trooper, Telecommunications Specialist, Drug Control & Enforcement Agent, and Sex Offender Registry Enforcement Agent.

**I. Periodic Examinations**

The examinations and testing procedures listed below are required on an as needed basis:

- 1. DOT – CDL Certification
- 2. SCUBA Physical Examination
- 3. Clandestine Lab Physical Examination
- 4. Explosive Ordinance Disposal Physical Examination

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5. Fit-For-Duty Examination
6. Review of OSHA Respirator Evaluation Questionnaire
7. Pulmonary Function Test
8. Audiogram/Booth
9. Heavy Metals Blood Test – Arsenic, Lead, Cadmium, Chromium, Mercury, Zinc, Copper, Tin and Aluminum.

**J. Billing and Payment**

1. All billings submitted to the Delaware State Police shall be itemized and include a minimum of the following:
  - a) Name of Employee
  - b) Date of Services
  - c) Itemized description of services performed
  - d) Charge for each itemized service
2. Upon receipt of all completed medical reports and the itemized billing, payment will be processed and mailed within thirty (30) days.
3. Invoices cannot be processed without first receiving all results and required forms.

**III. Required Information**

The following information shall be provided in each proposal in the order listed below. Failure to respond to any request for information within this proposal may result in rejection of the proposal at the sole discretion of the State.

**A. Minimum Requirements**

1. Provide Delaware license(s) and/or certification(s) necessary to perform services as identified in the scope of work.

Prior to the execution of an award document, the successful Vendor shall either furnish the Agency with proof of State of Delaware Business Licensure or initiate the process of application where required.

2. Vendor shall provide responses to the Request for Proposal (RFP) scope of work and clearly identify capabilities as presented in the General Evaluation Requirements below.
3. Complete all appropriate attachments and forms as identified within the RFP.
4. Proof of insurance and amount of insurance shall be furnished to the Agency prior to the start of the contract period and shall be no less than as identified in the bid solicitation, Section D, Item 5, subsection f.
5. Provide response to Employing Delawareans Report (Attachment 9)

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**B. General Evaluation Requirements**

1. Experience and Reputation
2. Expertise
3. Capacity to meet requirements (size, financial condition, etc.)
4. Ability to service all personnel and clearly identify locations where services can be obtained.

**IV. Professional Services RFP Administrative Information**

**A. RFP Issuance**

**1. Public Notice**

Public notice has been provided in accordance with 29 *Del. C.* [§6981](#).

**2. Obtaining Copies of the RFP**

This RFP is available in electronic form through the State of Delaware Procurement website at [www.bids.delaware.gov](http://www.bids.delaware.gov) . Paper copies of this RFP will not be available.

**3. Assistance to Vendors with a Disability**

Vendors with a disability may receive accommodation regarding the means of communicating this RFP or participating in the procurement process. For more information, contact the Designated Contact no later than ten days prior to the deadline for receipt of proposals.

**4. RFP Designated Contact**

All requests, questions, or other communications about this RFP shall be made in writing to the State of Delaware. Address all communications to the person listed below; communications made to other State of Delaware personnel or attempting to ask questions by phone or in person will not be allowed or recognized as valid and may disqualify the vendor. Vendors should rely only on written statements issued by the RFP designated contact.

**Kim Jones**  
**Government Support Services**  
**100 Enterprise Place, Suite 4**  
**Dover, DE 19904**  
[Kim.jones@state.de.us](mailto:Kim.jones@state.de.us)

To ensure that written requests are received and answered in a timely manner, electronic mail (e-mail) correspondence is acceptable, but other forms of delivery, such as postal and courier services can also be used.

**5. Consultants and Legal Counsel**

The State of Delaware may retain consultants or legal counsel to assist in the review and evaluation of this RFP and the vendors' responses. Bidders shall not contact the State's consultant or legal counsel on any matter related to the RFP.

**6. Contact with State Employees**

Direct contact with State of Delaware employees other than the State of Delaware Designated Contact regarding this RFP is expressly prohibited without prior consent. Vendors directly contacting State of Delaware employees risk elimination of their proposal from further consideration. Exceptions exist only for organizations currently



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doing business in the State who require contact in the normal course of doing that business.

**7. Organizations Ineligible to Bid**

Any individual, business, organization, corporation, consortium, partnership, joint venture, or any other entity including subcontractors currently debarred or suspended is ineligible to bid. Any entity ineligible to conduct business in the State of Delaware for any reason is ineligible to respond to the RFP.

**8. Exclusions**

The Proposal Evaluation Team reserves the right to refuse to consider any proposal from a vendor who:

- a) Has been convicted for commission of a criminal offense as an incident to obtaining or attempting to obtain a public or private contract or subcontract, or in the performance of the contract or subcontract;
- b) Has been convicted under State or Federal statutes of embezzlement, theft, forgery, bribery, falsification or destruction of records, receiving stolen property, or other offense indicating a lack of business integrity or business honesty that currently and seriously affects responsibility as a State contractor;
- c) Has been convicted or has had a civil judgment entered for a violation under State or Federal antitrust statutes;
- d) Has violated contract provisions such as;
  - 1) Knowing failure without good cause to perform in accordance with the specifications or within the time limit provided in the contract; or
  - 2) Failure to perform or unsatisfactory performance in accordance with terms of one or more contracts;
- e) Has violated ethical standards set out in law or regulation; and
- f) Any other cause listed in regulations of the State of Delaware determined to be serious and compelling as to affect responsibility as a State contractor, including suspension or debarment by another governmental entity for a cause listed in the regulations.

**B. RFP Submissions**

**1. Acknowledgement of Understanding of Terms**

By submitting a bid, each vendor shall be deemed to acknowledge that it has carefully read all sections of this RFP, including all forms, schedules and exhibits hereto, and has fully informed itself as to all existing conditions and limitations.

**2. Proposals**

To be considered, all proposals must be submitted in writing and respond to the items outlined in this RFP. The State reserves the right to reject any non-responsive or non-conforming proposals. Each proposal must be submitted with 6 (six) paper copies and 1 (one) electronic copy on CD or DVD media disk, or USB memory drive. Please provide a separate electronic pricing file from the rest of the RFP proposal responses.

All properly sealed and marked proposals are to be sent to the State of Delaware and received no later than **1:00 PM (Local Time) on January 9, 2014**. The Proposals may be delivered by Express Delivery (e.g., FedEx, UPS, etc.), US Mail, or by hand to:

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**Government Support Services  
100 Enterprise Place, Suite 4  
Dover, DE 19904  
Attn: Kim Jones**

**Vendors are directed to CLEARLY IDENTIFY “BID ENCLOSED” and “CONTRACT NO. GSS14712-PHYTESTLAB” on the outside of the bid submission package.**

Any proposal submitted by US Mail shall be sent by either certified or registered mail. Proposals must be received at the above address no later than **1:00 PM (Local Time) on January 9, 2014**. Any proposal received after this date shall not be considered and shall be returned unopened. The proposing vendor bears the risk of delays in delivery. The contents of any proposal shall not be disclosed as to be made available to competing entities during the negotiation process.

Upon receipt of vendor proposals, each vendor shall be presumed to be thoroughly familiar with all specifications and requirements of this RFP. The failure or omission to examine any form, instrument or document shall in no way relieve vendors from any obligation in respect to this RFP.

**3. Proposal Modifications**

Any changes, amendments or modifications to a proposal must be made in writing, submitted in the same manner as the original response and conspicuously labeled as a change, amendment or modification to a previously submitted proposal. Changes, amendments or modifications to proposals shall not be accepted or considered after the hour and date specified as the deadline for submission of proposals.

**4. Proposal Costs and Expenses**

The State of Delaware will not pay any costs incurred by any Vendor associated with any aspect of responding to this solicitation, including proposal preparation, printing or delivery, attendance at vendor's conference, system demonstrations or negotiation process.

**5. Proposal Expiration Date**

Prices quoted in the proposal shall remain fixed and binding on the bidder at least through May 31, 2014. The State of Delaware reserves the right to ask for an extension of time if needed.

**6. Late Proposals**

Proposals received after the specified date and time will not be accepted or considered. To guard against premature opening, sealed proposals shall be submitted, plainly marked with the proposal title, vendor name, and time and date of the proposal opening. Evaluation of the proposals is expected to begin shortly after the proposal due date. To document compliance with the deadline, the proposal will be date and time stamped upon receipt.

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**7. Proposal Opening**

The State of Delaware will receive proposals until the date and time shown in this RFP. Proposals will be opened in the presence of the State of Delaware personnel. Any unopened proposals will be returned to the submitting Vendor.

The Agency will conduct a public opening of proposals and complete a public log of the names of all vendor organizations that submitted proposals. The contents of any proposal shall not be disclosed in accordance with [Executive Order # 31](#) and Title 29, Delaware Code, [Chapter 100](#).

**8. Non-Conforming Proposals**

Non-conforming proposals will not be considered. Non-conforming proposals are defined as those that do not meet the requirements of this RFP. The determination of whether an RFP requirement is substantive or a mere formality shall reside solely within the State of Delaware.

**9. Concise Proposals**

The State of Delaware discourages overly lengthy and costly proposals. It is the desire that proposals be prepared in a straightforward and concise manner.

Unnecessarily elaborate brochures or other promotional materials beyond those sufficient to present a complete and effective proposal are not desired. The State of Delaware's interest is in the quality and responsiveness of the proposal.

**10. Realistic Proposals**

It is the expectation of the State of Delaware that vendors can fully satisfy the obligations of the proposal in the manner and timeframe defined within the proposal. Proposals must be realistic and must represent the best estimate of time, materials and other costs including the impact of inflation and any economic or other factors that are reasonably predictable.

The State of Delaware shall bear no responsibility or increase obligation for a vendor's failure to accurately estimate the costs or resources required to meet the obligations defined in the proposal.

**11. Confidentiality of Documents**

All documents submitted as part of the vendor's proposal will be deemed confidential during the evaluation process. Vendor proposals will not be available for review by anyone other than the State of Delaware/Proposal Evaluation Team or its designated agents. There shall be no disclosure of any vendor's information to a competing vendor prior to award of the contract.

The State of Delaware is a public agency as defined by state law, and as such, it is subject to the Delaware Freedom of Information Act, [29 Del. C. Ch. 100](#). Under the law, all the State of Delaware's records are public records (unless otherwise declared by law to be confidential) and are subject to inspection and copying by any person. Vendor(s) are advised that once a proposal is received by the State of Delaware and a decision on contract award is made, its contents will become public record and nothing contained in the proposal will be deemed to be confidential except proprietary information.

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Vendor(s) shall not include any information in their proposal that is proprietary in nature or that they would not want to be released to the public. Proposals must contain sufficient information to be evaluated and a contract written without reference to any proprietary information. If a vendor feels that they cannot submit their proposal without including proprietary information, they must adhere to the following procedure or their proposal may be deemed unresponsive and will not be recommended for selection. Vendor(s) must submit such information in a separate, sealed envelope labeled "Proprietary Information" with the RFP number. The envelope must contain a letter from the Vendor's legal counsel describing the documents in the envelope, representing in good faith that the information in each document is not "public record" as defined by [29 Del. C. § 10002\(d\)](#), and briefly stating the reasons that each document meets the said definitions.

Upon receipt of a proposal accompanied by such a separate, sealed envelope, the State of Delaware will open the envelope to determine whether the procedure described above has been followed.

**12. Multi-Vendor Solutions (Joint Ventures)**

Multi-vendor solutions (joint ventures) will be allowed only if one of the venture partners is designated as the "**prime contractor**". The "**prime contractor**" must be the joint venture's contact point for the State of Delaware and be responsible for the joint venture's performance under the contract, including all project management, legal and financial responsibility for the implementation of all vendor systems. If a joint venture is proposed, a copy of the joint venture agreement clearly describing the responsibilities of the partners must be submitted with the proposal. Services specified in the proposal shall not be subcontracted without prior written approval by the State of Delaware, and approval of a request to subcontract shall not in any way relieve Vendor of responsibility for the professional and technical accuracy and adequacy of the work. Further, vendor shall be and remain liable for all damages to the State of Delaware caused by negligent performance or non-performance of work by its subcontractor or its sub-subcontractor.

Multi-vendor proposals must be a consolidated response with all cost included in the cost summary. Where necessary, RFP response pages are to be duplicated for each vendor.

**a. Primary Vendor**

The State of Delaware expects to negotiate and contract with only one "prime vendor". The State of Delaware will not accept any proposals that reflect an equal teaming arrangement or from vendors who are co-bidding on this RFP. The prime vendor will be responsible for the management of all subcontractors.

Any contract that may result from this RFP shall specify that the prime vendor is solely responsible for fulfillment of any contract with the State as a result of this procurement. The State will make contract payments only to the awarded vendor. Payments to any-subcontractors are the sole responsibility of the prime vendor (awarded vendor).

Nothing in this section shall prohibit the State of Delaware from the full exercise of its options under Section IV.B.16 regarding multiple source contracting.

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**b. Sub-contracting**

The vendor selected shall be solely responsible for contractual performance and management of all subcontract relationships. This contract allows subcontracting assignments; however, vendors assume all responsibility for work quality, delivery, installation, maintenance, and any supporting services required by a subcontractor.

Use of subcontractors must be clearly explained in the proposal, and major subcontractors must be identified by name. **The prime vendor shall be wholly responsible for the entire contract performance whether or not subcontractors are used.** Any sub-contractors must be approved by State of Delaware.

**c. Multiple Proposals**

A primary vendor may not participate in more than one proposal in any form. Sub-contracting vendors may participate in multiple joint venture proposals.

**13. Sub-Contracting**

The vendor selected shall be solely responsible for contractual performance and management of all subcontract relationships. This contract allows subcontracting assignments; however, vendors assume all responsibility for work quality, delivery, installation, maintenance, and any supporting services required by a subcontractor.

Use of subcontractors must be clearly explained in the proposal, and subcontractors must be identified by name. Any sub-contractors must be approved by State of Delaware.

**14. Discrepancies and Omissions**

Vendor is fully responsible for the completeness and accuracy of their proposal, and for examining this RFP and all addenda. Failure to do so will be at the sole risk of vendor. Should vendor find discrepancies, omissions, unclear or ambiguous intent or meaning, or should any questions arise concerning this RFP, vendor shall notify the State of Delaware's Designated Contact, in writing, of such findings at least ten (10) days before the proposal opening. This will allow issuance of any necessary addenda. It will also help prevent the opening of a defective proposal and exposure of vendor's proposal upon which award could not be made. All unresolved issues should be addressed in the proposal.

Protests based on any omission or error, or on the content of the solicitation, will be disallowed if these faults have not been brought to the attention of the Designated Contact, in writing, at least ten (10) calendar days prior to the time set for opening of the proposals.

**a. RFP Question and Answer Process**

The State of Delaware will allow written requests for clarification of the RFP. All questions will be consolidated into a single set of responses and posted on the State's website at [www.bids.delaware.gov](http://www.bids.delaware.gov) by the date of December 17, 2013. Vendor names will be removed from questions in the responses released. Questions should be submitted in the following format. Deviations from this format will not be accepted.

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Section number

Paragraph number

Page number

Text of passage being questioned

Questions not submitted electronically shall be accompanied by a CD and questions shall be formatted in Microsoft Word.

**15. State's Right to Reject Proposals**

The State of Delaware reserves the right to accept or reject any or all proposals or any part of any proposal, to waive defects, technicalities or any specifications (whether they be in the State of Delaware's specifications or vendor's response), to sit and act as sole judge of the merit and qualifications of each product offered, or to solicit new proposals on the same project or on a modified project which may include portions of the originally proposed project as the State of Delaware may deem necessary in the best interest of the State of Delaware.

**16. State's Right to Cancel Solicitation**

The State of Delaware reserves the right to cancel this solicitation at any time during the procurement process, for any reason or for no reason. The State of Delaware makes no commitments expressed or implied, that this process will result in a business transaction with any vendor.

This RFP does not constitute an offer by the State of Delaware. Vendor's participation in this process may result in the State of Delaware selecting your organization to engage in further discussions and negotiations toward execution of a contract. The commencement of such negotiations does not, however, signify a commitment by the State of Delaware to execute a contract nor to continue negotiations. The State of Delaware may terminate negotiations at any time and for any reason, or for no reason.

**17. State's Right to Award Multiple Source Contracting**

Pursuant to 29 Del. C. [§ 6986](#), the State of Delaware may award a contract for a particular professional service to two or more vendors if the agency head makes a determination that such an award is in the best interest of the State of Delaware.

**18. Notification of Withdrawal of Proposal**

Vendor may modify or withdraw its proposal by written request, provided that both proposal and request is received by the State of Delaware prior to the proposal due date. Proposals may be re-submitted in accordance with the proposal due date in order to be considered further.

Proposals become the property of the State of Delaware at the proposal submission deadline. All proposals received are considered firm offers at that time.

**19. Revisions to the RFP**

If it becomes necessary to revise any part of the RFP, an addendum will be posted on the State of Delaware's website at [www.bids.delaware.gov](http://www.bids.delaware.gov). The State of

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Delaware is not bound by any statement related to this RFP made by any State of Delaware employee, contractor or its agents.

**20. Exceptions to the RFP**

Any exceptions to the RFP, or the State of Delaware's terms and conditions, must be recorded on Attachment 3. Acceptance of exceptions is within the sole discretion of the evaluation committee.

**21. Award of Contract**

The final award of a contract is subject to approval by the State of Delaware. The State of Delaware has the sole right to select the successful vendor(s) for award, to reject any proposal as unsatisfactory or non-responsive, to award a contract to other than the lowest priced proposal, to award multiple contracts, or not to award a contract, as a result of this RFP.

Notice in writing to a vendor of the acceptance of its proposal by the State of Delaware and the subsequent full execution of a written contract will constitute a contract, and no vendor will acquire any legal or equitable rights or privileges until the occurrence of both such events.

**a. RFP Award Notifications**

After reviews of the evaluation committee report and its recommendation, and once the contract terms and conditions have been finalized, the State of Delaware will award the contract.

The contract shall be awarded to the vendor whose proposal is most advantageous, taking into consideration the evaluation factors set forth in the RFP.

It should be explicitly noted that the State of Delaware is not obligated to award the contract to the vendor who submits the lowest bid or the vendor who receives the highest total point score, rather the contract will be awarded to the vendor whose proposal is the most advantageous to the State of Delaware. The award is subject to the appropriate State of Delaware approvals.

After a final selection is made, the winning vendor will be invited to negotiate a contract with the State of Delaware; remaining vendors will be notified in writing of their selection status.

**22. Cooperatives**

Vendors, who have been awarded similar contracts through a competitive bidding process with a cooperative, are welcome to submit the cooperative pricing for this solicitation.

**C. RFP Evaluation Process**

An evaluation team composed of representatives of the State of Delaware will evaluate proposals on a variety of quantitative criteria. Neither the lowest price nor highest scoring proposal will necessarily be selected.

The State of Delaware reserves full discretion to determine the competence and responsibility, professionally and/or financially, of vendors. Vendors are to provide, in a

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timely manner, any and all information that the State of Delaware may deem necessary to make a decision.

**1. Proposal Evaluation Team**

The Proposal Evaluation Team shall be comprised of representatives of the State of Delaware. The Team shall determine which vendors meet the minimum requirements pursuant to selection criteria of the RFP and procedures established in 29 *Del. C.* §§ [6981](#) and [6982](#). The Team may negotiate with one or more vendors during the same period and may, at its discretion, terminate negotiations with any or all vendors. The Team shall make a recommendation regarding the award to Government Support Services, who shall have final authority, subject to the provisions of this RFP and 29 *Del. C.* § [6982](#), to award a contract to the successful vendor in the best interests of the State of Delaware.

**2. Proposal Selection Criteria**

The Proposal Evaluation Team shall assign up to the maximum number of points for each Evaluation Item to each of the proposing vendor's proposals. All assignments of points shall be at the sole discretion of the Proposal Evaluation Team.

The proposals shall contain the essential information on which the award decision shall be made. The information required to be submitted in response to this RFP has been determined by the State of Delaware to be essential for use by the Team in the bid evaluation and award process. Therefore, all instructions contained in this RFP shall be met in order to qualify as a responsive and responsible contractor and participate in the Proposal Evaluation Team's consideration for award. Proposals which do not meet or comply with the instructions of this RFP may be considered non-conforming and deemed non-responsive and subject to disqualification at the sole discretion of the Team.

The Team reserves the right to:

- Select for contract or for negotiations a proposal other than that with lowest costs.
- Reject any and all proposals or portions of proposals received in response to this RFP or to make no award or issue a new RFP.
- Waive or modify any information, irregularity, or inconsistency in proposals received.
- Request modification to proposals from any or all vendors during the contract review and negotiation.
- Negotiate any aspect of the proposal with any vendor and negotiate with more than one vendor at the same time.
- Select more than one vendor pursuant to 29 *Del. C.* § [6986](#). Such selection will be based on the following criteria:
  - Government Support Services reserves the right to reject any or all bids in whole or in part, to make multiple awards, partial awards, award by types, item by item, or lump sum total, by county or whichever may be most advantageous to the State of Delaware.



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**Criteria Weight**

All proposals shall be evaluated using the same criteria and scoring process. The following criteria shall be used by the Evaluation Team to evaluate proposals:

<b>Criteria</b>	<b>Points</b>
The qualifications and experience of the persons to be assigned to the project	<b>50</b>
The ability to perform the work in the time allotted for the project, as demonstrated by their proposed commitment of management, personnel, and other resources. Project Management experience.	<b>50</b>
The approach to performing the tasks set forth in the Scope of Work as expressed in the Management Summary and Work Plan. Thoroughness and completeness of the proposal relative to the requirements.	<b>50</b>
The demonstrated experience in providing equipment/services of comparable specifications/scope and value.	<b>50</b>
The understanding of the problem; details of the offering; how you plan to meet the requirements of this RFP.	<b>40</b>
The background, experience, resources, reputation, financial resources and years in business and references.	<b>50</b>
The provider's location relative to the location of required services.	<b>40</b>
The price proposal/pricing structure or Total Proposed Cost.	<b>40</b>
The training plan and training facilities/staff relative to the requirements of this RFP.	<b>40</b>
The management reports and reporting requirements.	<b>50</b>
The provider's facilities and site visit evaluation.	<b>40</b>
<b>Total</b>	<b>500</b>

Vendors are encouraged to review the evaluation criteria and to provide a response that addresses each of the scored items. Evaluators will not be able to make assumptions about a vendor's capabilities so the responding vendor should be detailed in their proposal responses.

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**3. Proposal Clarification**

The Evaluation Team may contact any vendor in order to clarify uncertainties or eliminate confusion concerning the contents of a proposal. Proposals may not be modified as a result of any such clarification request.

**4. References**

The Evaluation Team may contact any customer of the vendor, whether or not included in the vendor's reference list, and use such information in the evaluation process. Additionally, the State of Delaware may choose to visit existing installations of comparable systems, which may or may not include vendor personnel. If the vendor is involved in such site visits, the State of Delaware will pay travel costs only for State of Delaware personnel for these visits.

**5. Oral Presentations**

Selected vendors may be invited to make oral presentations to the Evaluation Team. The vendor representative(s) attending the oral presentation shall be technically qualified to respond to questions related to the proposed system and its components.

All of the vendor's costs associated with participation in oral discussions and system demonstrations conducted for the State of Delaware are the vendor's responsibility.

**D. Contract Terms and Conditions**

**1. Mandatory Contract Use**

**REF: Title 29, Chapter [6911\(d\)](#) Delaware Code.** All Covered Agencies as defined in 29 Del. C. [§6902\(6\)](#) shall procure all material, equipment and nonprofessional services through the statewide contracts administered by Government Support Services, Office of Management and Budget. Delaware State University, Delaware Technical and Community College, school districts, and the Legislative Branch are specifically exempted from the requirements of this subchapter. In addition, the Delaware Transit Corporation is exempt from the entire procurement chapter. Pursuant to 29 Del. C. [§6904\(l\)](#) and (n) respectively, the Department of Elections and the Board of Pension Trustees have certain exemptions from the procurement chapter which may or may not apply to this Request for Proposals.

**This contract is intended for the use of the Department of Safety and Homeland Security to obtain services as identified in the scope of work. All other covered agencies are excluded from mandatory use.**

**2. Contract Use by Other Agencies**

**REF: Title 29, Chapter [6904\(e\)](#) Delaware Code.** If no state contract exists for a certain good or service, covered agencies may procure that certain good or service under another agency's contract so long as the arrangement is agreeable to all parties. Agencies, other than covered agencies, may also procure such goods or services under another agency's contract when the arrangement is agreeable to all parties.

**Government Support Services, as the issuing Agency, will retain the right to allow other agencies access to services as identified in the solicitation.**

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**3. General Information**

- a. The term of the contract between the successful bidder and the State shall be for one (1) year with four (4) optional extensions for a period of one (1) year for each extension.
- b. The selected vendor will be required to enter into a written agreement with the State of Delaware. The State of Delaware reserves the right to incorporate standard State contractual provisions into any contract negotiated as a result of a proposal submitted in response to this RFP. Any proposed modifications to the terms and conditions of the standard contract are subject to review and approval by the State of Delaware. Vendors will be required to sign the contract for all services, and may be required to sign additional agreements.
- c. The selected vendor or vendors will be expected to enter negotiations with the State of Delaware, which will result in a formal contract between parties. Procurement will be in accordance with subsequent contracted agreement. This RFP and the selected vendor's response to this RFP will be incorporated as part of any formal contract.
- d. The State of Delaware's standard contract will most likely be supplemented with the vendor's software license, support/maintenance, source code escrow agreements, and any other applicable agreements. The terms and conditions of these agreements will be negotiated with the finalist during actual contract negotiations.
- e. The successful vendor shall promptly execute a contract incorporating the terms of this RFP within twenty (20) days after award of the contract. No vendor is to begin any service prior to receipt a State of Delaware purchase order signed by two authorized representatives of the agency requesting service, properly processed through the State of Delaware Accounting Office and the Department of Finance. The purchase order shall serve as the authorization to proceed in accordance with the bid specifications and the special instructions, once it is received by the successful vendor.
- f. If the vendor to whom the award is made fails to enter into the agreement as herein provided, the award will be annulled, and an award may be made to another vendor. Such vendor shall fulfill every stipulation embraced herein as if they were the party to whom the first award was made.

**4. Collusion or Fraud**

Any evidence of agreement or collusion among vendor(s) and prospective vendor(s) acting to illegally restrain freedom from competition by agreement to offer a fixed price, or otherwise, will render the offers of such vendor(s) void.

By responding, the vendor shall be deemed to have represented and warranted that its proposal is not made in connection with any competing vendor submitting a separate response to this RFP, and is in all respects fair and without collusion or fraud; that the vendor did not participate in the RFP development process and had no knowledge of the specific contents of the RFP prior to its issuance; and that no employee or official of the State of Delaware participated directly or indirectly in the vendor's proposal preparation.

Advance knowledge of information which gives any particular vendor advantages over any other interested vendor(s), in advance of the opening of proposals, whether

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in response to advertising or an employee or representative thereof, will potentially void that particular proposal.

**5. Lobbying and Gratuities**

Lobbying or providing gratuities shall be strictly prohibited. Vendors found to be lobbying, providing gratuities to, or in any way attempting to influence a State of Delaware employee or agent of the State of Delaware concerning this RFP or the award of a contract resulting from this RFP shall have their proposal immediately rejected and shall be barred from further participation in this RFP.

The selected vendor will warrant that no person or selling agency has been employed or retained to solicit or secure a contract resulting from this RFP upon agreement or understanding for a commission, or a percentage, brokerage or contingent fee. For breach or violation of this warranty, the State of Delaware shall have the right to annul any contract resulting from this RFP without liability or at its discretion deduct from the contract price or otherwise recover the full amount of such commission, percentage, brokerage or contingent fee.

All contact with State of Delaware employees, contractors or agents of the State of Delaware concerning this RFP shall be conducted in strict accordance with the manner, forum and conditions set forth in this RFP.

**6. Solicitation of State Employees**

Until contract award, vendors shall not, directly or indirectly, solicit any employee of the State of Delaware to leave the State of Delaware's employ in order to accept employment with the vendor, its affiliates, actual or prospective contractors, or any person acting in concert with vendor, without prior written approval of the State of Delaware's contracting officer. Solicitation of State of Delaware employees by a vendor may result in rejection of the vendor's proposal.

This paragraph does not prevent the employment by a vendor of a State of Delaware employee who has initiated contact with the vendor. However, State of Delaware employees may be legally prohibited from accepting employment with the contractor or subcontractor under certain circumstances. Vendors may not knowingly employ a person who cannot legally accept employment under state or federal law. If a vendor discovers that they have done so, they must terminate that employment immediately.

**7. General Contract Terms**

**a. Independent contractors**

The parties to the contract shall be independent contractors to one another, and nothing herein shall be deemed to cause this agreement to create an agency, partnership, joint venture or employment relationship between parties. Each party shall be responsible for compliance with all applicable workers compensation, unemployment, disability insurance, social security withholding and all other similar matters. Neither party shall be liable for any debts, accounts, obligations or other liability whatsoever of the other party or any other obligation of the other party to pay on the behalf of its employees or to withhold from any compensation paid to such employees any social benefits, workers compensation insurance premiums or any income or other similar taxes.

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It may be at the State of Delaware's discretion as to the location of work for the contractual support personnel during the project period. The State of Delaware shall provide working space and sufficient supplies and material to augment the Contractor's services.

**b. Non-Appropriation**

In the event the General Assembly fails to appropriate the specific funds necessary to enter into or continue the contractual agreement, in whole or part, the agreement shall be terminated as to any obligation of the State requiring the expenditure of money for which no specific appropriation is available at the end of the last fiscal year for which no appropriation is available or upon the exhaustion of funds.

**c. Licenses and Permits**

In performance of the contract, the vendor will be required to comply with all applicable federal, state and local laws, ordinances, codes, and regulations. The cost of permits and other relevant costs required in the performance of the contract shall be borne by the successful vendor. The vendor shall be properly licensed and authorized to transact business in the State of Delaware as provided in 30 *Del. C.* § [2502](#).

Prior to receiving an award, the successful vendor shall either furnish the State of Delaware with proof of State of Delaware Business Licensure or initiate the process of application where required. An application may be requested in writing to: Division of Revenue, Carvel State Building, P.O. Box 8750, 820 N. French Street, Wilmington, DE 19899 or by telephone to one of the following numbers: (302) 577-8200—Public Service, (302) 577-8205—Licensing Department.

Information regarding the award of the contract will be given to the Division of Revenue. Failure to comply with the State of Delaware licensing requirements may subject vendor to applicable fines and/or interest penalties.

**d. Notice**

Any notice to the State of Delaware required under the contract shall be sent by registered mail to:

**Government Support Services  
100 Enterprise Place, Suite 4  
Dover, DE 19904  
Attn: Kim Jones**

**e. Indemnification**

**1. General Indemnification**

By submitting a proposal, the proposing vendor agrees that in the event it is awarded a contract, it will indemnify and otherwise hold harmless the State of Delaware, its agents and employees from any and all liability, suits, actions, or claims, together with all costs, expenses for attorney's fees, arising out of the vendor's, its agents and employees' performance work or services in connection with the contract, regardless of whether such suits, actions,

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claims or liabilities are based upon acts or failures to act attributable, whole or part, to the State, its employees or agents.

**2. Proprietary Rights Indemnification**

Vendor shall warrant that all elements of its solution, including all equipment, software, documentation, services and deliverables, do not and will not infringe upon or violate any patent, copyright, trade secret or other proprietary rights of any third party. In the event of any claim, suit or action by any third party against the State of Delaware, the State of Delaware shall promptly notify the vendor in writing and vendor shall defend such claim, suit or action at vendor's expense, and vendor shall indemnify the State of Delaware against any loss, cost, damage, expense or liability arising out of such claim, suit or action (including, without limitation, litigation costs, lost employee time, and counsel fees) whether or not such claim, suit or action is successful.

If any equipment, software, services (including methods) products or other intellectual property used or furnished by the vendor (collectively "Products") is or in vendor's reasonable judgment is likely to be, held to constitute an infringing product, vendor shall at its expense and option either:

- a) Procure the right for the State of Delaware to continue using the Product(s);
- b) Replace the product with a non-infringing equivalent that satisfies all the requirements of the contract; or
- c) Modify the Product(s) to make it or them non-infringing, provided that the modification does not materially alter the functionality or efficacy of the product or cause the Product(s) or any part of the work to fail to conform to the requirements of the Contract, or only alters the Product(s) to a degree that the State of Delaware agrees to and accepts in writing.

**f. Insurance**

- 1. Vendor recognizes that it is operating as an independent contractor and that it is liable for any and all losses, penalties, damages, expenses, attorney's fees, judgments, and/or settlements incurred by reason of injury to or death of any and all persons, or injury to any and all property, of any nature, arising out of the vendor's negligent performance under this contract, and particularly without limiting the foregoing, caused by, resulting from, or arising out of any act of omission on the part of the vendor in their negligent performance under this contract.
- 2. The vendor shall maintain such insurance as will protect against claims under Worker's Compensation Act and from any other claims for damages for personal injury, including death, which may arise from operations under this contract. The vendor is an independent contractor and is not an employee of the State of Delaware.
- 3. During the term of this contract, the vendor shall, at its own expense, carry insurance minimum limits as follows:

a.	Commercial General Liability	\$1,000,000 per person and \$3,000,000 per occurrence
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And at least one of the following, as outlined below:

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b.	Medical Liability	\$1,000,000/\$3,000,000
c	Misc. Errors and Omissions	\$1,000,000/\$3,000,000
d	Product Liability	\$1,000,000/\$3,000,000

**The successful vendor must carry at a minimum (a) and (b).**

If the contractual service requires the transportation of departmental clients or staff, the vendor shall, in addition to the above coverage's, secure at its own expense the following coverage;

a.	Automotive Liability (Bodily Injury)	\$100,000/\$300,000
b.	Automotive Property Damage (to others)	\$ 25,000

4. The vendor shall provide a Certificate of Insurance (COI) as proof that the vendor has the required insurance. The COI shall be provided prior to agency contact prior to any work being completed by the awarded vendor(s).

**g. Performance Requirements**

The selected Vendor will warrant that it possesses, or has arranged through subcontractors, all capital and other equipment, labor, materials, and licenses necessary to carry out and complete the work hereunder in compliance with any and all Federal and State laws, and County and local ordinances, regulations and codes.

**h. Warranty**

The Vendor will provide a warranty that the deliverables provided pursuant to the contract will function as designed for a period of no less than one (1) year from the date of system acceptance. The warranty shall require the Vendor correct, at its own expense, the setup, configuration, customizations or modifications so that it functions according to the State's requirements.

**i. Costs and Payment Schedules**

All contract costs must be as detailed specifically in the Vendor's cost proposal. No charges other than as specified in the proposal shall be allowed without written consent of the State of Delaware. The proposal costs shall include full compensation for all taxes that the selected vendor is required to pay.

The State of Delaware will require a payment schedule based on defined and measurable milestones. Payments for services will not be made in advance of work performed. The State of Delaware may require holdback of contract monies until acceptable performance is demonstrated (as much as 25%).

**j. Penalties**

The State of Delaware may include in the final contract penalty provisions for non-performance, such as liquidated damages.

**k. Termination for Cause**

If for any reasons, or through any cause, the Vendor fails to fulfil in timely and proper manner his obligations under the contract, or if the Vendor violates any of

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the covenants, agreements or stipulations of the contract, the State of Delaware shall thereupon have the right to terminate the contract by giving written notice to the Vendor of such termination and specifying the effective date thereof, at least twenty (20) days before the effective date of such termination, In that event, all finished or unfinished documents, data, studies, surveys, drawings, maps, models, photographs and reports or other material prepared by the Vendor under the contract shall, at the option of the State of Delaware, become its property, and the Vendor shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents and other materials which is useable to the State of Delaware.

**I. Termination for Convenience**

The State of Delaware may terminate the contract at any time by giving written notice of such termination and specifying the effective date thereof, at least twenty (20) days before the effective date of such termination. In that event, all finished or unfinished documents, data, studies, surveys, drawings, maps, models, photographs and reports or other material prepared by the Vendor under the contract shall, at the option of the State of Delaware, become its property, and the Vendor shall be entitled to compensation for any satisfactory work completed on such documents and other materials which is useable to the State of Delaware. If the contract is terminated by the State of Delaware as so provided, the Vendor will be paid an amount which bears the same ratio to the total compensation as the services actually performed bear to the total services of the Vendor as covered by the contract, less payments of compensation previously made. Provided however, that if less than 60 percent of the services covered by the contract have been performed upon the effective date of termination, the Vendor shall be reimbursed (in addition to the above payment) for that portion of actual out of pocket expenses (not otherwise reimbursed under the contract) incurred by the Vendor during the contract period which are directly attributable to the uncompleted portion of the services covered by the contract.

**m. Non-discrimination**

In performing the services subject to this RFP the vendor, as set forth in Title 19 Delaware Code Chapter 7 section [711](#), will agree that it will not discriminate against any employee or applicant with respect to compensation, terms, conditions or privileges of employment because of such individual's race, marital status, genetic information, color, age, religion, sex, sexual orientation, gender identity, or national origin. The successful vendor shall comply with all federal and state laws, regulations and policies pertaining to the prevention of discriminatory employment practice. Failure to perform under this provision constitutes a material breach of contract.

**n. Covenant against Contingent Fees**

The successful vendor will warrant that no person or selling agency has been employed or retained to solicit or secure this contract upon an agreement of understanding for a commission or percentage, brokerage or contingent fee excepting bona-fide employees, bona-fide established commercial or selling agencies maintained by the Vendor for the purpose of securing business. For breach or violation of this warranty the State of Delaware shall have the right to annul the contract without liability or at its discretion to deduct from the contract



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price or otherwise recover the full amount of such commission, percentage, brokerage or contingent fee.

**o. Vendor Activity**

No activity is to be executed in an off shore facility, either by a subcontracted firm or a foreign office or division of the vendor. The vendor must attest to the fact that no activity will take place outside of the United States in its transmittal letter. Failure to adhere to this requirement is cause for elimination from future consideration.

**p. Work Product**

All materials and products developed under the executed contract by the vendor are the sole and exclusive property of the State. The vendor will seek written permission to use any product created under the contract.

**q. Contract Documents**

The RFP, the purchase order, the executed contract and any supplemental documents between the State of Delaware and the successful vendor shall constitute the contract between the State of Delaware and the vendor. In the event there is any discrepancy between any of these contract documents, the following order of documents governs so that the former prevails over the latter: contract, State of Delaware's RFP, Vendor's response to the RFP and purchase order. No other documents shall be considered. These documents will constitute the entire agreement between the State of Delaware and the vendor.

**r. Applicable Law**

The laws of the State of Delaware shall apply, except where Federal Law has precedence. The successful vendor consents to jurisdiction and venue in the State of Delaware.

In submitting a proposal, Vendors certify that they comply with all federal, state and local laws applicable to its activities and obligations including:

- 1) the laws of the State of Delaware;
- 2) the applicable portion of the Federal Civil Rights Act of 1964;
- 3) the Equal Employment Opportunity Act and the regulations issued there under by the federal government;
- 4) a condition that the proposal submitted was independently arrived at, without collusion, under penalty of perjury; and
- 5) that programs, services, and activities provided to the general public under resulting contract conform with the Americans with Disabilities Act of 1990, and the regulations issued there under by the federal government.

If any vendor fails to comply with (1) through (5) of this paragraph, the State of Delaware reserves the right to disregard the proposal, terminate the contract, or consider the vendor in default.

The selected vendor shall keep itself fully informed of and shall observe and comply with all applicable existing Federal and State laws and County and local ordinances, regulations and codes, and those laws, ordinances, regulations, and codes adopted during its performance of the work.

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**s. Severability**

If any term or provision of this Agreement is found by a court of competent jurisdiction to be invalid, illegal or otherwise unenforceable, the same shall not affect the other terms or provisions hereof or the whole of this Agreement, but such term or provision shall be deemed modified to the extent necessary in the court's opinion to render such term or provision enforceable, and the rights and obligations of the parties shall be construed and enforced accordingly, preserving to the fullest permissible extent the intent and agreements of the parties herein set forth.

**t. Scope of Agreement**

If the scope of any provision of the contract is determined to be too broad in any respect whatsoever to permit enforcement to its full extent, then such provision shall be enforced to the maximum extent permitted by law, and the parties hereto consent and agree that such scope may be judicially modified accordingly and that the whole of such provisions of the contract shall not thereby fail, but the scope of such provisions shall be curtailed only to the extent necessary to conform to the law.

**u. Other General Conditions**

- 1) **Current Version** – “Packaged” application and system software shall be the most current version generally available as of the date of the physical installation of the software.
- 2) **Current Manufacture** – Equipment specified and/or furnished under this specification shall be standard products of manufacturers regularly engaged in the production of such equipment and shall be the manufacturer's latest design. All material and equipment offered shall be new and unused.
- 3) **Volumes and Quantities** – Activity volume estimates and other quantities have been reviewed for accuracy; however, they may be subject to change prior or subsequent to award of the contract.
- 4) **Prior Use** – The State of Delaware reserves the right to use equipment and material furnished under this proposal prior to final acceptance. Such use shall not constitute acceptance of the work or any part thereof by the State of Delaware.
- 5) **Status Reporting** – The selected vendor will be required to lead and/or participate in status meetings and submit status reports covering such items as progress of work being performed, milestones attained, resources expended, problems encountered and corrective action taken, until final system acceptance.
- 6) **Regulations** – All equipment, software and services must meet all applicable local, State and Federal regulations in effect on the date of the contract.
- 7) **Changes** – No alterations in any terms, conditions, delivery, price, quality, or specifications of items ordered will be effective without the written consent of the State of Delaware.
- 8) **Additional Terms and Conditions** – The State of Delaware reserves the right to add terms and conditions during the contract negotiations.

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**E. RFP Miscellaneous Information**

**1. No Press Releases or Public Disclosure**

Vendors may not release any information about this RFP. The State of Delaware reserves the right to pre-approve any news or advertising releases concerning this RFP, the resulting contract, the work performed, or any reference to the State of Delaware with regard to any project or contract performance. Any such news or advertising releases pertaining to this RFP or resulting contract shall require the prior express written permission of the State of Delaware.

**2. Definitions of Requirements**

To prevent any confusion about identifying requirements in this RFP, the following definition is offered: The words *shall*, *will* and/or *must* are used to designate a mandatory requirement. Vendors must respond to all mandatory requirements presented in the RFP. Failure to respond to a mandatory requirement may cause the disqualification of your proposal.

**3. Production Environment Requirements**

The State of Delaware requires that all hardware, system software products, and application software products included in proposals be currently in use in a production environment by a least three other customers, have been in use for at least six months, and have been generally available from the manufacturers for a period of six months. Unreleased or beta test hardware, system software, or application software will not be acceptable.

**F. Attachments**

The following attachments and appendixes shall be considered part of the solicitation:

- Attachment 1 – No Proposal Reply Form
- Attachment 2 – Non-Collusion Statement
- Attachment 3 – Exceptions
- Attachment 4 – Confidentiality and Proprietary Information
- Attachment 5 – Business References
- Attachment 6 – Subcontractor Information Form
- Attachment 7 – Monthly Usage Report
- Attachment 8 – Subcontracting (2<sup>nd</sup> Tier Spend) Report
- Attachment 9 – Employing Delawareans Report
- Attachment 10 – Office of Supplier Diversity Application
- Appendix A – Essential Job Functions
- Appendix B – Required Medical Forms
- Appendix C – Minimum Response Requirements
- Appendix D – Pricing

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**IMPORTANT – PLEASE NOTE**

- **Attachments 2, 3, 4, 5 and 9 must be included in your proposal**
- Attachment 6 must be included in your proposal if subcontractors will be involved
- Attachments 7 and 8 represent required reporting on the part of awarded vendors. Those bidders receiving an award will be provided with active spreadsheets for reporting.

**REQUIRED REPORTING**

One of the primary goals in administering this contract is to keep accurate records regarding its actual value/usage. This information is essential in order to update the contents of the contract and to establish proper bonding levels if they are required. The integrity of future contracts revolves around our ability to convey accurate and realistic information to all interested Vendors.

A Usage Report (Attachment 7) shall be furnished in an **Excel format and submitted electronically**, no later than the 15<sup>th</sup> (or next business day after the 15<sup>th</sup> day) of each month, detailing the purchasing of all items on this contract. The reports shall be submitted and sent as an attachment to [vendorusage@state.de.us](mailto:vendorusage@state.de.us). It shall contain the six-digit department and organization code. Any exception to this mandatory requirement or failure to submit complete reports, or in the format required, may result corrective action, up to and including the possible cancellation of the award. Failure to provide the report with the minimum required information may also negate any contract extension clauses. Additionally, Vendors who are determined to be in default of this mandatory report requirement may have such conduct considered against them, in assessment of responsibility, in the evaluation of future proposals.

In accordance with Executive Orders 14 and 29 – Increasing Supplier Diversity Initiatives within State Government and Ensuring Representation of Veteran-Owned Businesses (VOBE) including Service Disabled Veteran Owned Businesses (SDVOBE), the State of Delaware is committed to supporting its diverse business industry and population. The successful Vendor will be required to report on the participation by Diversity Suppliers which includes: minority (MBE), woman (WBE), veteran owned business (VOBE), or service disabled veteran owned business (SDVOBE) under this awarded contract. The reported data elements shall include but not be limited to; name of state contract/project, the name of the Diversity Supplier, Diversity Supplier contact information (phone, email), type of product or service provided by the Diversity Supplier and any minority, women, veteran, or service disabled veteran certifications for the subcontractor (State OSD certification, Minority Supplier Development Council, Women's Business Enterprise Council, VetBiz.gov). The format used for this Subcontracting 2<sup>nd</sup> Tier report is found in Attachment 8.

2nd tier reports (Attachment 8) shall be submitted to the contracting Agency's Office of Supplier Diversity at [vendorusage@state.de.us](mailto:vendorusage@state.de.us) on the 15<sup>th</sup> (or next business day) of the month following each quarterly period. For consistency quarters shall be considered to end the last day of March, June, September and December of each calendar year. Contract spend during the covered periods shall result in a report even if the contract has expired by the report due date.

STATE OF DELAWARE  
Government Support Services

Attachment 1

NO PROPOSAL REPLY FORM

Contract No. Medical Physicals and Laboratory Testing Services  
Contract Title: GSS14712-PHYTESTLAB

To assist us in obtaining good competition on our Request for Proposals, we ask that each firm that has received a proposal, but does not wish to bid, state their reason(s) below and return in a clearly marked envelope displaying the contract number. This information will not preclude receipt of future invitations unless you request removal from the Vendor's List by so indicating below, or do not return this form or bona fide proposal.

Unfortunately, we must offer a "No Proposal" at this time because:

- \_\_\_\_\_ 1. We do not wish to participate in the proposal process.
- \_\_\_\_\_ 2. We do not wish to bid under the terms and conditions of the Request for Proposal document. Our objections are:  
\_\_\_\_\_  
\_\_\_\_\_
- \_\_\_\_\_ 3. We do not feel we can be competitive.
- \_\_\_\_\_ 4. We cannot submit a Proposal because of the marketing or franchising policies of the manufacturing company.
- \_\_\_\_\_ 5. We do not wish to sell to the State. Our objections are:  
\_\_\_\_\_  
\_\_\_\_\_
- \_\_\_\_\_ 6. We do not sell the items/services on which Proposals are requested.
- \_\_\_\_\_ 7. Other: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
FIRM NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_ We wish to remain on the Vendor's List **for these goods or services.**

\_\_\_\_\_ We wish to be deleted from the Vendor's List **for these goods or services.**

STATE OF DELAWARE  
Government Support Services

Attachment 2

**CONTRACT NO.:** GSS14712-PHYTESTLAB  
**CONTRACT TITLE:** Medical Physicals and Laboratory Testing Services  
**OPENING DATE:** January 9, 2014 at 1:00 PM (Local Time)

NON-COLLUSION STATEMENT

This is to certify that the undersigned Vendor has neither directly nor indirectly, entered into any agreement, participated in any collusion or otherwise taken any action in restraint of free competitive bidding in connection with this proposal, **and further certifies that it is not a sub-contractor to another Vendor who also submitted a proposal as a primary Vendor in response to this solicitation** submitted this date to the State of Delaware, Government Support Services.

It is agreed by the undersigned Vendor that the signed delivery of this bid represents the Vendor's acceptance of the terms and conditions of this Request for Proposal including all specifications and special provisions.

**NOTE:** Signature of the authorized representative **MUST** be of an individual who legally may enter his/her organization into a formal contract with the State of Delaware, Government Support Services.

COMPANY NAME \_\_\_\_\_ Check one)  

<input type="checkbox"/>	Corporation
<input type="checkbox"/>	Partnership
<input type="checkbox"/>	Individual

NAME OF AUTHORIZED REPRESENTATIVE  
(Please type or print) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

FEDERAL E.I. NUMBER \_\_\_\_\_ STATE OF DELAWARE  
LICENSE NUMBER \_\_\_\_\_

COMPANY CLASSIFICATIONS:  CERT. NO.: _____	Certification type(s)	Circle all that apply	
	Minority Business Enterprise (MBE)	Yes	No
	Woman Business Enterprise (WBE)	Yes	No
	Disadvantaged Business Enterprise (DBE)	Yes	No
	Veteran Owned Business Enterprise (VOBE)	Yes	No
	Service Disabled Veteran Owned Business Enterprise (SDVOBE)	Yes	No

[The above table is for informational and statistical use only.]

PURCHASE ORDERS SHOULD BE SENT TO:  
(COMPANY NAME) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**AFFIRMATION:** Within the past five years, has your firm, any affiliate, any predecessor company or entity, owner, Director, officer, partner or proprietor been the subject of a Federal, State, Local government suspension or debarment?

YES \_\_\_\_\_ NO \_\_\_\_\_ if yes, please explain \_\_\_\_\_

**THIS PAGE SHALL HAVE ORIGINAL SIGNATURE, BE NOTARIZED AND BE RETURNED WITH YOUR PROPOSAL**

SWORN TO AND SUBSCRIBED BEFORE ME this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Notary Public \_\_\_\_\_ My commission expires \_\_\_\_\_

City of \_\_\_\_\_ County of \_\_\_\_\_ State of \_\_\_\_\_



STATE OF DELAWARE  
Government Support Services

**Attachment 4**

Contract No. GSS14712-PHYTESTLAB  
Contract Title: Medical Physicals and Laboratory Testing Services

**CONFIDENTIAL INFORMATION FORM**

☐ By checking this box, the Vendor acknowledges that they are not providing any information they declare to be confidential or proprietary for the purpose of production under 29 Del. C. ch. 100, Delaware Freedom of Information Act.

<b>Confidentiality and Proprietary Information</b>

**Note: use additional pages as necessary.**



STATE OF DELAWARE  
Government Support Services

Attachment 5

Contract No GSS14712-PHYTESTLAB  
Contract Title: Medical Physicals and Laboratory Testing Services

BUSINESS REFERENCES

List a minimum of three business references, including the following information:

- Business Name and Mailing address
- Contact Name and phone number
- Number of years doing business with
- Type of work performed

Please do not list any State Employee as a business reference. If you have held a State contract within the last 5 years, please list the contract.

1.	<b>Contact Name &amp; Title:</b>	
	<b>Business Name:</b>	
	<b>Address:</b>	
	<b>Email:</b>	
	<b>Phone # / Fax #:</b>	
	<b>Current Vendor (YES or NO):</b>	
	<b>Years Associated &amp; Type of Work Performed:</b>	
2.	<b>Contact Name &amp; Title:</b>	
	<b>Business Name:</b>	
	<b>Address:</b>	
	<b>Email:</b>	
	<b>Phone # / Fax #:</b>	
	<b>Current Vendor (YES or NO):</b>	
	<b>Years Associated &amp; Type of Work Performed:</b>	
3.	<b>Contact Name &amp; Title:</b>	
	<b>Business Name:</b>	
	<b>Address:</b>	
	<b>Email:</b>	
	<b>Phone # / Fax #:</b>	
	<b>Current Vendor (YES or NO):</b>	
	<b>Years Associated &amp; Type of Work Performed:</b>	

**STATE OF DELAWARE PERSONNEL MAY NOT BE USED AS REFERENCES.**

STATE OF DELAWARE  
Government Support Services

**Attachment 6**

**SUBCONTRACTOR INFORMATION FORM**

<b>PART I – STATEMENT BY PROPOSING VENDOR</b>		
1. CONTRACT NO. GSS14712-PHYTESTLAB	2. Proposing Vendor Name:	3. Mailing Address
4. SUBCONTRACTOR		
a. NAME	4c. Company OSD Classification:  Certification Number: _____	
b. Mailing Address:	<div style="display: flex; justify-content: space-between;"> <div>4d. Women Business Enterprise</div> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> </div> <div style="display: flex; justify-content: space-between;"> <div>4e. Minority Business Enterprise</div> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> </div> <div style="display: flex; justify-content: space-between;"> <div>4f. Disadvantaged Business Enterprise</div> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> </div> <div style="display: flex; justify-content: space-between;"> <div>4g. Veteran Owned Business Enterprise</div> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> </div> <div style="display: flex; justify-content: space-between;"> <div>4h. Service Disabled Veteran Owned Business Enterprise</div> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> </div>	
5. DESCRIPTION OF WORK BY SUBCONTRACTOR		
6a. NAME OF PERSON SIGNING	7. BY ( <i>Signature</i> )	8. DATE SIGNED
6b. TITLE OF PERSON SIGNING		
<b>PART II – ACKNOWLEDGEMENT BY SUBCONTRACTOR</b>		
9a. NAME OF PERSON SIGNING	10. BY ( <i>Signature</i> )	11. DATE SIGNED
9b. TITLE OF PERSON SIGNING		

\* Use a separate form for each subcontractor

STATE OF DELAWARE  
Government Support Services

Attachment 7

State of Delaware  
Monthly Usage Report

SAMPLE REPORT - FOR ILLUSTRATION PURPOSES ONLY

State of Delaware									
Monthly Usage Report									
Supplier Name:				Insert Contract No.	Report Start Date:				
Contact Name:			Report End Date:						
Contact Phone:			Today's Date:						
Agency Name or School District	Division or Name of School	Budget Code	<a href="#">UNSPSC</a>	Item Description	Contract Item Number	Unit of Measure	Qty	Contract Proposal Price/Rate	Total Spend
									\$0.00
									\$0.00
									\$0.00
									\$0.00
									\$0.00
									\$0.00
									\$0.00
									\$0.00
									\$0.00
									\$0.00
									\$0.00
									\$0.00
									\$0.00
									\$0.00

**Note:** A copy of the Usage Report will be sent by electronic mail to the Awarded Vendor. The report shall be submitted electronically in **EXCEL** and sent as an attachment to [vendorusage@state.de.us](mailto:vendorusage@state.de.us). It shall contain the six-digit department and organization code for each agency and school district.

STATE OF DELAWARE  
Government Support Services

Attachment 8

SAMPLE REPORT - FOR ILLUSTRATION PURPOSES ONLY

State of Delaware																
Subcontracting (2nd tier) Quarterly Report																
Prime Name:							Report Start Date:									
Contract Name/Number							Report End Date:									
Contact Name:							Today's Date:									
Contact Phone:							*Minimum Required		Requested detail							
Vendor Name*	Vendor TaxID*	Contract Name/ Number*	Vendor Contact Name*	Vendor Contact Phone*	Report Start Date*	Report End Date*	Amount Paid to Subcontractor*	Work Performed by Subcontractor UNSPSC	M/WBE Certifying Agency	Veteran /Service Disabled Veteran Certifying Agency	2nd tier Supplier Name	2nd tier Supplier Address	2nd tier Supplier Phone Number	2nd tier Supplier email	Description of Work Performed	2nd tier Supplier Tax Id

**Note:** A copy of the Subcontracting Quarterly Report will be sent by electronic mail to the Awarded Vendor.

Completed reports shall be saved in an Excel format, and submitted to the following email address: [vendorousage@state.de.us](mailto:vendorousage@state.de.us)

STATE OF DELAWARE  
Government Support Services

**Attachment 9**

Contract No GSS14712-PHYTESTLAB  
Contract Title: Medical Physicals and Laboratory Testing Services

**EMPLOYING DELAWAREANS REPORT**

As required by House Bill # 410 (Bond Bill) of the 146<sup>th</sup> General Assembly and under Section 30, No bid for any public works or professional services contract shall be responsive unless the prospective bidder discloses its reasonable, good-faith determination of:

1. Number of employees reasonable anticipated to be employed on the project: \_\_\_\_\_

2. Number and percentage of such employees who are bona fide legal residents of Delaware:  
\_\_\_\_\_

Percentage of such employees who are bona fide legal residents of Delaware: \_\_\_\_\_

3. Total number of employees of the bidder: \_\_\_\_\_

4. Total percentage of employees who are bona fide resident of Delaware: \_\_\_\_\_

If subcontractors are to be used:

1. Number of employees who are residents of Delaware: \_\_\_\_\_

2. Percentage of employees who are residents of Delaware: \_\_\_\_\_

“Bona fide legal resident of this State” shall mean any resident who has established residence of at least 90 days in the State.

**State of Delaware**  
**Office of Supplier Diversity**  
**Certification Application**

The most recent application can be downloaded from the following site:

<http://gss.omb.delaware.gov/osd/certify.shtml>

Submission of a completed Office of Supplier Diversity (OSD) application is optional and does not influence the outcome of any award decision.

The minimum criteria for certification require the entity must be at least 51% owned and actively managed by a person or persons who are eligible: minorities, women, veterans, and/or service disabled veterans. Any one or all of these categories may apply to a 51% owner.



**Complete application and mail, email or fax to:**

Office of Supplier Diversity (OSD)  
100 Enterprise Place, Suite 4  
Dover, DE 19904-8202  
Telephone: (302) 857-4554 Fax: (302) 677-7086  
Email: [osd@state.de.us](mailto:osd@state.de.us)  
Web site: <http://gss.omb.delaware.gov/osd/index.shtml>

**THE OSD ADDRESS IS FOR OSD APPLICATIONS ONLY.  
NO BID RESPONSE PACKAGES WILL BE ACCEPTED BY THE OSD.**

STATE OF DELAWARE  
Government Support Services  
**APPENDIX A**  
**ESSENTIAL JOB FUNCTIONS**

<b>Uniformed Troopers</b>
---------------------------

1. Basic police functions including, but not limited to, the activities listed below are considered essential job functions of all uniformed positions regardless of rank and/or assignment and therefore, must be able to be performed without accommodation except during a temporary rehabilitative period.
  - A. Driving a patrol vehicle for extended periods.
  - B. Getting in and out of vehicles.
  - C. Effecting a forcible arrest to include physical confrontations, such as wrestling with suspects
  - D. Semiannual firearms re-certification, which involves shooting a semi-automatic pistol and shotgun or patrol rifle from standing, kneeling, and prone positions during the course of a training day.
  - E. Climbing obstacles and traversing rough terrain quickly.
  - F. Manual traffic control requiring prolonged standing, physical dexterity and both mental and physical alertness.
  - G. Working rotating 12-hour shifts under stressful and dangerous conditions, in inclement weather and for prolonged periods without the benefit of rest or meal breaks.
  - H. Communicating effectively with people of various socioeconomic backgrounds.
  - I. Acutely utilizing all sensory systems to discern various stimuli of danger and to maximize operational effectiveness.
2. Annual Physical Ability Test (PT) measures an individual's ability to perform physical tasks that may be required to function as a police officer. PT requirements include:
  - A. Flexibility: Sit and reach exercise requires the individual to sit on a flat surface with legs extended out in front and extend his or her fingers beyond the toes to the second joint of the fingers.
  - B. Push-ups: Individuals must perform as many push-ups as possible within a one-minute time frame. Females may perform a modified push-up extending out from a kneeling position.
  - C. Sit-Ups: Individuals perform as many sit-ups as possible within a one-minute time frame. A bent knee position is used.
  - D. Aerobic Fitness: An exercise EKG evaluation on a treadmill with an oxygen uptake analysis to measure aerobic fitness.

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**Telecommunications Specialists**

The activities listed below are considered essential job functions of Telecommunications positions:

**9-1-1 Centers**

- Receives and routes calls to and from the center to the appropriate response agency based on the priority and nature of call.
- Receives and dispatches information to State and municipal police agencies using the Public Safety 10-code, 800 MHz radios, telephones, Computer Aided Dispatch (CAD) and other telecommunications equipment.
- Directs police officers to scene of crimes, accidents or complaints reading maps, grids, and charts to ensure destination is reached.
- Monitors an 800 MHz radio system in order to provide assistance during emergency situations
- Talks to citizens requesting assistance during crisis situations and relays emergency information to appropriate response agency.
- Inputs and retrieves information from Computer Aided Dispatch (CAD), National Crime Information Center (NCIC), and Criminal Justice Information System (CJIS) to relay to officers or other criminal justice agencies.
- Reads maps to find locations to relay to officers and locate citizens in need of help.
- Maintain a valid certification in Emergency Medical Dispatch (EMD) at SUSCOM and KENTCOM and maintain a valid Emergency Fire Dispatch (EFD) at KENTCOM.
- Works under stressful conditions for prolonged periods without the benefit of a scheduled meal break away from the assigned station and works rotating shifts.
- Ability to work under pressure and stress while making life and death decisions.
- Ability to monitor up to size computer screens and use foot control pedals simultaneously.

**HQ Communications**

- Performs various emergency call-outs using the proper notification methods and equipment.
- Performs in the fullest capacity as a "help-desk" and information resource center to end-users.
- Maintains and monitors nuclear siren equipment and participates in federally mandated drills.
- Monitors state-wide alarm systems and makes notifications to proper authorities.
- Maintains quality and authorizes transmitted data of routine and emergency telecommunications messages through State and NLETS systems.
- Performs timely and accurate entries/clears into the local and state-wide systems.
- Maintains "Central Message Processor" continual operation and network availability.
- Performs trouble-shooting techniques and initiating corrective actions.
- Monitors radios and dispatch as required.
- Center serves as a 24-hour comprehensive support service, in data communications operations, radio communications operations and radio, data, and telephone administration. All functions are directly supportive of the criminal justice community, emergency management agencies, nuclear power plants and various other state agencies.
- Works under stressful conditions for prolonged periods without the benefit of a scheduled meal break away from the assigned station and works rotating shifts.

**Drug Control & Enforcement Agent**

The activities listed below are considered essential job functions of Drug Control & Enforcement Agent

- Manages an assigned case load of criminal complaints involving the diversion of controlled substances.
- Writes detailed reports of actions taken or investigates cases
- Arrests violators to include executing warrants, seizing and securing evidence
- Coordinates investigations and arrests with other state and federal enforcement jurisdictions



STATE OF DELAWARE  
Government Support Services

- Investigates consumer complaints regarding the incompetence of pharmacists
- Appears as State's witness in court.
- Semi-annual firearms recertification, which involves shooting a semi-automatic pistol and shotgun or patrol rifle from standing, kneeling, and prone positions during the course of a training day.

**Sex Offender Registry Enforcement Agent**

The activities listed below are considered essential job functions of Sex Offender Registry Enforcement Agent

- Manages an assigned case load of convicted sex offender investigations.
- Writes detailed reports of actions taken in regards to cases.
- Conducts random and periodic checks of addresses of those that are registered sex offenders.
- Responsible for locating and arresting those sex offenders who fail to re-register addresses and places of employment.
- Conducts crime prevention presentations to schools and daycare providers.
- Semi-annual firearms recertification, which involves shooting a semi-automatic pistol and shotgun or patrol rifle from standing, kneeling, and prone positions during the course of a training day.

**Clandestine Lab Personnel**

OSHA requires that personnel working in areas where uncontrolled releases of hazardous chemicals have/may have occurred (i.e. clandestine laboratories) must have undergone a medical examination. Clandestine laboratories require the use of Personal Protection Equipment (PPE) for work in hazardous chemical environments. Due to the physical demands of responding to clandestine laboratories, the physical demands of wearing PPE, and the exposure to hazardous chemicals, the medical examination will determine if the individual can perform the duties without unusual risk of harm to themselves or others.

- Personal Protection Equipment (PPE): Individuals will be required to use a twin cartridge, full face, air purifying respirator, and/or a pressure demand, open circuit, self-contained breathing apparatus. Individuals will use chemically resistant boots, chemically resistant gloves, and a chemically resistant (vapor barrier) suit (e.g., DuPont Tychem Thermopro). Individuals must run or walk distances using the above equipment.
- Type of Work: Individuals will participate in activities including pursuit, confrontation, control, and arrest of suspects which may involve strenuous physical activity while wearing PPE. Also includes light to moderate exertion while wearing PPE with increased work of breathing, cardiovascular stress, and heat load. Includes the responsibility for the safety of others and responsiveness in rescue and emergency situations. Such work may be done anywhere from daily to once a month; up to 8 hours at a time.
- Work Conditions: Individuals will work in uncontrolled, poorly ventilated makeshift laboratories with unidentified chemical process in progress. Potential for fire, explosion, and chemical spills are possible. Potential for exposure to organic solvents, inorganic acids and alkalis, cyanides, drug precursors, unknown chemicals, reactants and by-products of chemical reactions, reagents and controlled substances in solution or powder form. Individuals will work indoors and outdoors in extremes of seasonal environmental temperatures and humidity.

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**APPENDIX B  
REQUIRED MEDICAL FORMS**

**DELAWARE STATE POLICE - MEDICAL HISTORY FORM**

NAME _____	DATE _____
WORK LOCATION/ASSIGNMENT _____	DATE OF BIRTH _____ AGE _____

**HOSPITAL ADMISSIONS**

YEAR	ILLNESS/OPERATION

**IMMUNIZATIONS**

Approximate date of last injection	<input type="checkbox"/> SMALL POX <input type="checkbox"/> TYPHOID <input type="checkbox"/> MEASLES <input type="checkbox"/> MUMPS <input type="checkbox"/> RUBELLA	<input type="checkbox"/> DIPHTHERIA <input type="checkbox"/> PERTUSSIS <input type="checkbox"/> POLIO <input type="checkbox"/> TETANUS <input type="checkbox"/> FLU
--	--	---

**MEDICATIONS**

List medications you are now taking	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 15px;"> </td></tr> <tr><td style="height: 15px;"> </td></tr> <tr><td style="height: 15px;"> </td></tr> </table>			

**DRUG ALLERGIES**

List known drug allergies	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 15px;"> </td></tr> <tr><td style="height: 15px;"> </td></tr> <tr><td style="height: 15px;"> </td></tr> </table>			

**CHECK ALL APPLICABLE BOXES**

<b>CHILDHOOD DISEASES</b> <input type="checkbox"/> MEASLES <input type="checkbox"/> MUMPS <input type="checkbox"/> GERMAN MEASLES <input type="checkbox"/> CHICKEN POX <input type="checkbox"/> POLIO <input type="checkbox"/> SCARLET FEVER <input type="checkbox"/> RHEUMATIC FEVER <b>GI</b> <input type="checkbox"/> FREQUENT INDIGESTION <input type="checkbox"/> STOMACH OR DUODENAL ULCER <input type="checkbox"/> JAUNDICE/HEPATITIS <input type="checkbox"/> CHRONIC ABDOMINAL PAIN <input type="checkbox"/> BLOOD IN STOOL <input type="checkbox"/> LIVER DISEASE <input type="checkbox"/> VOMIT BLOOD <input type="checkbox"/> RECENT CHANGE IN BOWEL HABITS <input type="checkbox"/> HERNIAS <input type="checkbox"/> RECENT WEIGHT LOSS <b>GU</b> <input type="checkbox"/> KIDNEY DISEASE <input type="checkbox"/> FREQUENT URINATION <input type="checkbox"/> GREATER THAN 2 NIGHTTIME URINATIONS <input type="checkbox"/> BLOOD IN URINE <input type="checkbox"/> FREQUENT URINARY TRACT INFECTION <input type="checkbox"/> DIFFICULTY URINATING <input type="checkbox"/> LOSS OF BLADDER CONTROL <input type="checkbox"/> VENEREAL DISEASE	<b>MUSCULOSKELETAL</b> <input type="checkbox"/> RECURRENT BACK/NECK PAIN <input type="checkbox"/> PINCHED NERVE <input type="checkbox"/> NUMBNESS OR TINGLING <input type="checkbox"/> MUSCLE WEAKNESS <input type="checkbox"/> GOUT <input type="checkbox"/> JOINT INJURY <input type="checkbox"/> CHRONIC JOINT PAIN <input type="checkbox"/> ARTHRITIS <input type="checkbox"/> BROKEN BONES <input type="checkbox"/> LEG PAIN W/WALKING <input type="checkbox"/> FOOT OR LEG SWELLING <input type="checkbox"/> VARICOSE VEINS <b>CV</b> <input type="checkbox"/> CHEST PAIN <input type="checkbox"/> ANGINA <input type="checkbox"/> PALPITATIONS <input type="checkbox"/> SHORT OF BREATH <input type="checkbox"/> IRREGULAR PULSE <input type="checkbox"/> HEART MURMUR <input type="checkbox"/> HEART ATTACK <input type="checkbox"/> HIGH BLOOD PRESSURE <input type="checkbox"/> HIGH TRIGLYCERIDES <input type="checkbox"/> HIGH CHOLESTEROL <input type="checkbox"/> EMPHYSEMA <input type="checkbox"/> ASTHMA/WHEEZING <input type="checkbox"/> TUBERCULOSIS <input type="checkbox"/> FAINTING SPELLS <input type="checkbox"/> COLLAPSED LUNG	<b>HEENT</b> <input type="checkbox"/> HEAD INJURY <input type="checkbox"/> SINUS PROBLEMS <input type="checkbox"/> POOR OR BLURRED VISION <input type="checkbox"/> LOSS OF VISION <input type="checkbox"/> CORRECTIVE LENSES <input type="checkbox"/> EYE PAIN <input type="checkbox"/> DOUBLE VISION <input type="checkbox"/> EAR PAIN <input type="checkbox"/> LOSS/DECREASE IN HEARING <input type="checkbox"/> VERTIGO/DIZZINESS <input type="checkbox"/> FREQUENT NOSEBLEEDS <input type="checkbox"/> PROLONGED HOARSENESS <input type="checkbox"/> DIFFICULTY SWALLOWING <input type="checkbox"/> FREQUENT SORE THROAT <b>NEURO</b> <input type="checkbox"/> DIFFICULTY SLEEPING/SNORING <input type="checkbox"/> DAYTIME DROWSINESS <input type="checkbox"/> PHOBIAS <input type="checkbox"/> DEPRESSION <input type="checkbox"/> MEMORY LOSS <input type="checkbox"/> MIGRAINE/CHRONIC HEADACHES <input type="checkbox"/> SEIZURES/CONVULSIONS <input type="checkbox"/> PSYCHIATRIC HOSPITALIZATION <b>GENERAL</b> <input type="checkbox"/> CANCER <input type="checkbox"/> ANEMIA <input type="checkbox"/> THYROID DISEASE <input type="checkbox"/> OTHER
---	---	--

HAVE YOU BEEN REFUSED EMPLOYMENT BECAUSE OF HEALTH? ☐ NO ☐ YES WHY \_\_\_\_\_

HAVE YOU BEEN UNABLE TO KEEP A JOB FOR ANY OF THESE REASONS?

SENSITIVITY TO DUST OR CHEMICAL?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	EXPLAIN _____
MEDICAL OR HEALTH REASON?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	EXPLAIN _____
LIMITED OR PAINFUL MOTION?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	EXPLAIN _____
ALCOHOL OR DRUG USE?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	EXPLAIN _____

HAVE YOU EVER CLAIMED OR RECEIVED WORKERS' COMPENSATION FOR A WORK RELATED INJURY/ILLNESS?  
☐ NO ☐ YES EXPLAIN \_\_\_\_\_

HAVE YOU HAD AN INJURY/ILLNESS IN THE PAST 5 YEARS WHICH CAUSED MORE THAN 5 DAYS ABSENCE FROM WORK?  
☐ NO ☐ YES EXPLAIN \_\_\_\_\_

*I HEREBY CERTIFY THAT I HAVE ANSWERED THE ABOVE QUESTIONS TRUTHFULLY AND TO THE BEST OF MY ABILITY.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

STATE OF DELAWARE  
Government Support Services

DELAWARE STATE POLICE - MEDICAL HISTORY FORM  
PHYSICAL EXAM

VITAL SIGNS HT \_\_\_\_\_ WT \_\_\_\_\_ TEMP \_\_\_\_\_ RR \_\_\_\_\_ PULSE \_\_\_\_\_ BPRA \_\_\_\_\_ / \_\_\_\_\_ LA \_\_\_\_\_ / \_\_\_\_\_

GENERAL APPEARANCE \_\_\_\_\_

AUDIOMETRIC SCREEN - COPY OF CHARTED READINGS REQUIRED

☐ NORMAL ☐ ABNORMAL

COMMENTS

	NORMAL	ABNORMAL
HEENT	<input type="checkbox"/>	<input type="checkbox"/>
NECK	<input type="checkbox"/>	<input type="checkbox"/>
HEART	<input type="checkbox"/>	<input type="checkbox"/>
LUNGS	<input type="checkbox"/>	<input type="checkbox"/>
CHEST	<input type="checkbox"/>	<input type="checkbox"/>
ABDOMEN	<input type="checkbox"/>	<input type="checkbox"/>
SPINE	<input type="checkbox"/>	<input type="checkbox"/>
SKIN	<input type="checkbox"/>	<input type="checkbox"/>
EXTREMITIES		
UPPER	<input type="checkbox"/>	<input type="checkbox"/>
LOWER	<input type="checkbox"/>	<input type="checkbox"/>
NEURO	<input type="checkbox"/>	<input type="checkbox"/>

TO BE DONE AT THE OPTION OF THE EMPLOYEE

RECTAL	<input type="checkbox"/>	<input type="checkbox"/>
PELVIC	<input type="checkbox"/>	<input type="checkbox"/>
BREAST	<input type="checkbox"/>	<input type="checkbox"/>
GENITALIA	<input type="checkbox"/>	<input type="checkbox"/>

OTHER TEST REQUESTED BY PHYSICIAN \_\_\_\_\_

REFLEXES



SYNOPSIS \_\_\_\_\_

DRS. SIGNATURE \_\_\_\_\_

DATE OF EXAM \_\_\_\_\_

Medically qualified for job ☐ YES  
Patient advised of positive findings ☐ YES  
Patient referred to personal physician ☐ YES

☐ Middletown  
☐ Dover  
☐ Milford

PLACE U/A STRIP HERE

## DELAWARE STATE POLICE



## PERSONAL HEALTH HISTORY

This Medical Information Examination is totally confidential; access to this information will be strictly limited to authorized personnel only.

Name \_\_\_\_\_

DIRECTIONS: Read each question carefully, if your answer is YES, circle YES. Any question with an X following the number that has been answered YES is to be explained on a separate sheet. If your answer is NO, make no mark and move to the next question.

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**I. FAMILY HISTORY**

**Do any of your blood relatives (mother, father, brothers, sisters, aunts or uncles) have any of the following?**

- |                                      |     |
|--------------------------------------|-----|
| 1. Diabetes (sugar in the blood)     | YES |
| 2. Tuberculosis (T.B.)               | YES |
| 3. Lung Cancer                       | YES |
| 4. Cancer                            | YES |
| 5. Heart Disease                     | YES |
| 6. Coronary Artery Disease           | YES |
| 7. High Blood Pressure               | YES |
| 8. Stroke                            | YES |
| 9. Asthma                            | YES |
| 10. Hay Fever                        | YES |
| 11. Mental or Nervous Disease        | YES |
| 12. Depression                       | YES |
| 13. Bleeding Tendency (Free Bleeder) | YES |
| 14. Stomach or Peptic Ulcer          | YES |
| 15. Arthritis                        | YES |
| 16. Alcoholism                       | YES |
| 17. Kidney Disease                   | YES |
| 18. Cataracts                        | YES |
| 19. Glaucoma                         | YES |
| 20. Cirrhosis of Liver               | YES |
| 21. Gout                             | YES |

**Did any of your blood relatives (mother, father, brothers, sisters, aunts, or uncles) die from any of the following?**

- |                                      |     |
|--------------------------------------|-----|
| 22. Diabetes                         | YES |
| 23. Tuberculosis                     | YES |
| 24. Lung Disease                     | YES |
| 25. Cancer                           | YES |
| 26. Heart Disease                    | YES |
| 27. Coronary Artery Disease          | YES |
| 28. High Blood Pressure              | YES |
| 29. Stroke                           | YES |
| 30. Asthma                           | YES |
| 31. Bleeding Tendency (Free Bleeder) | YES |
| 32. Stomach or Peptic Ulcer          | YES |
| 33. Alcoholism                       | YES |
| 34. Kidney Disease                   | YES |
| 35. Cirrhosis of Liver               | YES |

**II. PAST HISTORY**

**Has the doctor ever told you that you have or had any of the following illness or disease?**

- |   |       |
|---|-------|
| 36. Glaucoma (high pressure in the eye) | YES X |
| 37. Cataracts                           | YES X |

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38. Blindness (either eye)	YES X
39. Hay Fever	YES X
40. Pneumonia	YES X
41. Bronchitis	YES X
42. Pleurisy	YES X
43. Asthma	YES X
44. Emphysema	YES X
45. Tuberculosis	YES X
46. Heart Disease	YES X
47. Rheumatic Fever	YES X
48. High Blood Pressure	YES X
49. Angina Pectoris	YES X
50. Enlarged Heart	YES X
51. Phlebitis (inflammation of veins in arms or legs)	YES X
52. Varicose Veins	YES X
53. Malaria	YES X
54. Duodenal Ulcer	YES X
55. Stomach Ulcer	YES X
56. Gastritis (inflammation of stomach)	YES X
57. Nervous stomach	YES X
58. Hepatitis	YES X
59. Hernia or Rupture	YES X
60. Cirrhosis (a liver disease)	YES X
61. Jaundice (yellow skin or eyes)	YES X
62. Gallstones	YES X
63. Mononucleosis (Glandular Fever, Kissing Disease)	YES X
64. Colitis	YES X
65. Cancer	YES X
66. Syphilis (Iues of bad blood)	YES X
67. Gonorrhea (Clap)	YES X
68. Nephritis (Bright's Disease)	YES X
69. Kidney Stones (Gravel)	YES X
70. Bladder or Kidney infection	YES X
71. Polio	YES X
72. Epilepsy or frequent convulsions	YES X
73. Stroke or Brain Hemorrhage	YES X
74. Paralysis	YES X
75. Nervous Tension	YES X
76. Gout	YES X
77. Arthritis or Rheumatism	YES X
78. Psoriasis	YES X
79. Anemia (Low Blood)	YES X
80. Diabetes (Sugar in the blood)	YES X
81. Goiter (Enlarged thyroid)	YES X
83. Hypo (underactive thyroid)	YES X
84. Scarlet Fever	YES X
85. Mumps	YES
86. Measles	YES
87. Chicken Pox	YES
88. German Measles	YES
89. Have you ever had some other serious illness which is not listed above?	YES X

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**Have you ever had an operation on any of the following parts of your body?**

- |  |       |
|--|-------|
| 90. Tonsils  | YES X |
| 91. Lung   | YES X |
| 92. Heart  | YES X |
| 93. An artery or arteries  | YES X |
| 94. A vein or veins  | YES X |
| 95. Stomach  | YES X |
| 96. Gallbladder  | YES X |
| 97. Appendix   | YES X |
| 98. Pancreas   | YES X |
| 99. Bowel or Intestine   | YES X |
| 100. Rectum  | YES X |
| 101. Anus or Hemorrhoids (Piles)   | YES X |
| 102. Kidney  | YES X |
| 103. Bladder   | YES X |
| 104. Hernia (or rupture)   | YES X |
| 105. Bones (or fractures)  | YES X |
| 106. Joints  | YES X |
| 107. Back or Spine   | YES X |
| 108. Thyroid Gland   | YES X |
| 109. Operation on male or female parts   | YES X |
| 110. Operation on some other parts of your body not listed above?  | YES X |
| 111. Have you ever had a back injury?  | YES X |
| 112. Have you ever worked where you were exposed to chemicals,<br>dirt particles, gasses, fumes, loud noises, x-rays, poisons, sprays,<br>lasers, or other surroundings which might have affected your health? | YES   |
| 113. Do you have any type of chronic illness?  | YES X |
| 114. During the past year, have you taken aspirin, empirin, anacin or<br>bufferin almost every day?  | YES   |
| 115. During the past year, have you taken a sleeping pill almost every<br>night?   | YES X |

**Have you taken the following medicines in the last month?**

- |   |       |
|---|-------|
| 116. Tranquilizers, sedatives or nerve pills? | YES X |
| 117. Nitroglycerine                           | YES X |
| 118. Digitalis or other heart pills           | YES X |
| 119. Diuretics or water pills                 | YES X |
| 120. Antibiotics                              | YES   |
| 121. Pills to lower blood pressure            | YES X |
| 122. Cortisone or other steroids              | YES X |
| 123. Thyroid medication                       | YES X |
| 124. Birth Control Pills                      | YES   |
| 125. Pep pills or Mood Elevators              | YES X |
| 126. Blood thinners (anti-coagulants)         | YES X |
| 127. Pain Killers                             | YES   |
| 128. Weight reducing pills                    | YES X |
| 129. Vitamins                                 | YES   |
| 130. Laxatives                                | YES   |
| 131. Iron Pills                               | YES   |

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Have you had any of the following examinations in the last two years?

- |  |       |
|--|-------|
| 132. A complete physical exam  | YES   |
| 133. Blood pressure check  | YES   |
| 134. Chest X-ray   | YES   |
| 135. Blood test for anemia or low hemoglobin   | YES   |
| 136. Urine test  | YES   |
| 137. Barium enema  | YES   |
| 138. Proctoscopy (rectal examination involving insertion of a metal tube)                      | YES   |
| 139. Electrocardiogram (EKG)   | YES   |
| 140. Eye examination   | YES   |
| 141. Blood test for diabetes   | YES   |
| 142. Blood test for cholesterol  | YES   |
| 143. Vaccination for smallpox  | YES   |
| 144. Do you often have disturbing numbness in your hands or feet that comes on during the day? | YES X |
| 145. Have you had any Vitamin B-12 injections during the past two years?                       | YES   |

**III. PRESENT CONDITION**

- |   |     |
|---|-----|
| 146. During the past year, have you noticed that heat or hot weather bothers you more than in past years? | YES |
| 147. During the past six months, have you been drinking more water and other liquids than you used to?    | YES |
| 148. Have you started using more salt on your food during the past year or so?                            | YES |
| 149. Does your hair fall out easily?  | YES |
| 150. Has your hair changed in amount or texture within the last year?                                     | YES |
| 151. Have you had any infections or diseases of the skin?   | YES |
| 152. Are you bothered by severe itching?  | YES |
| 153. Do you perspire excessively?   | YES |
| 154. Do you have any skin rashes in the past year which are still present?                                | YES |
| 155. During the past year, have you noticed any new growths on your skin?                                 | YES |
| 156. Sore that do not heal?   | YES |
| 157. Enlarged moles?  | YES |
| 158. Hives or welts?  | YES |
| 159. Do you often get skin or nail infections?  | YES |



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160. Have you noticed any recent change in the color of your skin?	YES
161. Darker (other than suntan)	YES
162. Yellow	YES
163. Some other color changes	YES
164. Do you have a medical or personal complaint you would like to discuss with your doctor?	YES
165. Do you think you are in poor health?	YES
166. Have you gained more than five pounds in the last six months?	YES
167. Have you lost more than ten pounds in the last six months?	YES
168. Are you on a weight reduction diet?	YES
169. Are you on any other type of medical diet?	YES
170. Have you had a fever or temperature of greater than 100 degrees in the past two weeks?	YES
171. Have you traveled extensively outside the USA or Canada?	YES
172. Have you ever been married?	YES
173. One time	YES
174. Two times	YES
175. Three times	YES
176. Four times	YES
177. More than four times	YES
178. Have you attended more than two colleges?	YES
179. More than two as an undergraduate	YES
180. More than three as an undergraduate	YES
181. More than three as an undergraduate and post graduate	YES
182. Describe the type of exercise you regularly obtain.	
183. Strenuous (Running, swimming, cycling, etc.)	YES
184. Mild (Walking some distance)	YES
185. No special exercise	YES
186. Have you changed jobs more than twice in the past three years?	YES
187. Have you stayed in one job over five years?	YES
188. Do you include milk, eggs, cheese, butter, fatty meats and other saturated fats in your daily diet?	YES
<b>Are you allergic to any of the following medicines?</b>	
189. Penicillin	YES
190. Sulfa	YES
191. Antibiotics (not mentioned above)	YES
192. Barbiturates	YES

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193. Codeine	YES
194. Demerol	YES
195. Morphine	YES
196. Digitalis Preparations	YES
197. Aspirin	YES
198. Any other medicine or drug	YES
<b>Are you allergic to any of the following items?</b>	
199. Eggs	YES
200. Milk	YES
201. Feathers	YES
202. Soap	YES
203. Detergents	YES
204. Cosmetics	YES
205. Have you ever smoked cigarettes?	YES
<b>For how many years of your life have you smoked?</b>	
206. Less than 10 years?	YES
207. 10 – 20 years?	YES
208. More than 20 years?	YES
<b>How much do you smoke at the present time?</b>	
209. Nothing	YES
210. Less than 1 pack per day	YES
211. One pack per day	YES
212. One or two packs a day	YES
213. More than two packs a day	YES
214. Have you stopped smoking cigarettes?	YES
<b>If so, did you stop</b>	
215. within the last year?	YES
216. within the last two years?	YES
217. longer than five years ago?	YES
218. from five to ten years ago?	YES
219. Before you stopped smoking, did you smoke more than a pack a day?	YES
220. Do you smoke cigars?	YES
221. Do you smoke a pipe?	YES
222. Do you usually drink four or more glasses of beer a day?	YES
223. Do you drink alcoholic beverages?	YES
<b>How much do you drink during an average day?</b>	
224. Less than 1 drink a day	YES
225. A drink or two a day	YES
226. More than three drinks a day	YES
227. A pint or more a day	YES
228. Do you ever drink alcohol in the morning?	YES
229. Do you drink more than two cups of coffee a day?	YES

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230. Do you drink milk every day?	YES
231. Do drink more than 3 glasses of milk a day?	YES
232. Do you eat fruit every day?	YES
<b>Have you had any of the following problems in the last year?</b>	
233. Double vision	YES X
234. Blurred or cloudy eyesight which lasted more than a few minutes	YES X
235. Pain in the eyeball which lasted more than a few minutes	YES X
236. Poor vision	YES X
237. Do you wear eyeglasses?	YES
238. Do you have any difficulty hearing?	YES
239. Do you often hear buzzing or ringing in your ears?	YES
240. Do you have drainage other than wax from either ear?	YES
241. Is your nose stuffy or runny all year round?	YES
242. Are you troubled by sinus pain or ache above or below either eye?	YES
243. Have you had excessive trouble with your teeth?	YES
244. Do your gums bleed frequently?	YES
245. Do you wear false dentures (teeth)?	YES
246. Is your tongue frequently sore or sensitive?	YES
247. Do you have a persistent sore or rough area around your lips, mouth, or on your face?	YES
248. Have you had more than two bad nosebleeds in the past six months?	YES
249. Has your voice changed or become hoarse in the past year?	YES
250. Have you noticed any enlarged glands or nodes during the past year?	YES
<b>In which part of your body were the enlarged glands located?</b>	
251. Neck	YES
252. Armpit	YES
253. Groin	YES
254. Some other parts?	YES
255. During the past year, have you been told that you were anemic or that you had low blood?	YES X
256. Do you bleed for a very long time when you injure yourself or after you have a tooth extracted or have surgery?	YES

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257. Do you get bruises (black and blue marks) very easily?	YES
258. Do you frequently develop pains or cramps in the calves of your legs while walking?	YES
259. Do these pains make you stop walking?	YES
260. Do the pains go away if you rest for a few minutes?	YES
261. Do your fingers usually become painful, numb, white or blue when they get chilled?	YES
262. Has the skin on your lower legs become dark in color?	YES
263. Do you often have swelling in both ankles?	YES
264. During the past year, have you had episodes of pain, discomfort, tightness or pressure anywhere in the chest?	YES
Where is the pain or discomfort located?	
265. In the middle of the chest under the breastbone?	YES
266. On the left side only?	YES
267. On the right side only?	YES
268. On both sides?	YES
269. Does the pain move to the left shoulder or arm?	YES
How often does it occur?	
270. Less than once a month	YES
271. Every two or three weeks	YES
272. More than once a week	YES
273. Every day	YES
274. Is the pain severe?	YES
275. Is the pain altered by breathing?	YES
276. Is the pain altered by movement?	YES
Does the pain or discomfort come on after you have	
277. Eaten a large meal?	YES
278. Been doing strenuous work?	YES
279. Been angry or excited?	YES
280. Taken a deep breath?	YES
281. Been bending over?	YES
282. Been sleeping soundly in bed?	YES
With rest, does the pain or discomfort go away	
283. immediately?	YES
284. in less than five minutes?	YES
285. in five to thirty minutes?	YES
286. in more than thirty minutes?	YES
287. resting does not relieve the pain?	YES

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288. Have you ever had an electrocardiogram (EKG) taken?	YES X
289. Has a physician ever said your EKG was abnormal in any way?	YES
290. Does your heart ever palpitate, race or flutter at times when you are not anxious or excited?	YES
291. Does your heart ever beat two or three times and then skip a beat?	YES
292. Do you find it necessary to sleep propped up (with extra pillows or in a chair) to help you breathe better?	YES
How long have you slept propped up?	
293. For less than a month?	YES
294. For a few months?	YES
295. For about a year?	YES
296. For more than a year?	YES
297. Do you have a cough at the present time?	YES
298. Has your present cough continued for more than a month?	YES
299. Do you cough up sputum or phlegm?	YES
300. Have you coughed up blood in the last two years?	YES
Do you get short of breathe under any of the following conditions?	
301. When you climb a flight of stairs?	YES
302. When you are asleep flat in the bed?	YES
303. With limited exertion?	YES
During the past two years, have you heard wheezing or whistling sounds when you breathe?	YES
304. Did the wheezing start less than six months ago?	YES
305. Do you still get periods of wheezing?	YES
306. Do you have sweating at night that drenches your bed clothes?	YES
307. During the past five years, have you had any close contact with people who have tuberculosis?	YES
308. In the last year, have you had a feeling of a lump in your throat when not eating?	YES X
309. Over the last year, has it become difficult for you to swallow food or water?	YES
310. Do you ever get heartburn or indigestion?	YES
311. Every month or two	YES
312. About once a month	YES
313. Almost every day	YES
314. Are you belching more often than in the past?	YES
315. Is your abdomen more distended (blown up) now than formerly?	YES

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316. In the past year have you frequently had attacks of nausea or vomiting?	YES
How often does the nausea or vomiting occur?	
317. About once a month	YES
318. About once a week	YES
319. Almost every day	YES
320. During the past year, have you vomited up any blood or materials that look like coffee grounds?	YES
321. Do you often get bad pains in your stomach or abdomen?	YES
Do the pains in your stomach or abdomen feel	
322. Dull	YES
323. Sharp	YES
324. Crampy	YES
325. Other kind of feeling	YES
Are the pains located	
326. on the right side	YES
327. on the left side	YES
328. above the umbilicus (navel)	YES
329. below the umbilicus (navel)	YES
330. throughout the stomach or abdomen	YES
Do these pains occur	
331. every day	YES
332. every few days	YES
333. every week or two	YES
334. occasionally	YES
Do the pains come	
335. Directly with or after eating a meal	YES
336. One or two hours after eating	YES
337. At no particular time	YES
338. After eating fried or fatty foods	YES
Do these stomach pains	
339. Become worse on bending or lying down	YES
340. Keep you from falling asleep	YES
341. Awaken you from sleep	YES
Are these pains relieved by	
342. Taking milk, Tums, creams or antacids	YES
343. Eating	YES
344. A bowel movement	YES
345. During the past six months, have you noticed a decrease in your appetite so you now have little interest in eating?	YES
346. During the past year have you had any diarrhea, constipation or other problems with your bowel movements?	YES

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Do you have trouble with frequent	
347. Diarrhea (loose bowels)	YES
348. Constipation	YES
349. Rectal pain	YES
350. Straining with bowel movements	YES
351. During the last year, have you noticed that you must use laxatives more frequently than before?	YES
352. Do you have an urge for a bowel movement more than three a day with little stool resulting?	YES
353. During the past year, have you noticed bowel movements that were as black as tar or coal?	YES
354. Were you taking iron or vitamins at the time?	YES
355. During the past six months, have you noticed any blood in your bowel movements?	YES
356. During the past six months, have you had periods of diarrhea followed by periods of constipation?	YES
357. Do you normally have a problem with itching of your anus or your rectal area?	YES
In the past six months, have you had	
358. Pain, burning or stinging with urination	YES
359. Difficulty in starting to urinate	YES
360. Decrease in size of your urinary stream	YES
361. Blood in your urine	YES
362. Dark brown urine	YES
363. Do you wet your pants with coughing, sneezing, laughing or at other times when you do not wish to urinate?	YES
364. Does your urine come out in dribbles, rather than with a strong stream?	YES
365. Are there are times when you feel that you have to urinate but find that you cannot pass any urine?	YES
366. During the past three months, have you noticed more frequent urination?	YES
367. Do you get up more than once a night to urinate?	YES
368. Do you get up more than two times a night to urinate?	YES
How long have you been getting up this often to urinate	
369. For less than six months	YES
370. For six months to a year	YES
371. For more than a year	YES
372. Do you get all mixed up when you have to do things quickly?	YES

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373. Do you usually have a problem in falling asleep or staying asleep at night?	YES
374. Do you get scared when you are alone at night?	YES
375. Do become scared for no particular reason?	YES
376. Are you frequently keyed up or jittery about things?	YES
377. In the past two years, have ever gotten nervous or upset about anything?	YES
378. In general, do you tend to be anxious or nervous?	YES
379. Do you think that any symptoms or complaints which you may have may be related to your being anxious or nervous?	YES
380. Do you feel that your life would be happier if you had some medicine to take whenever you feel nervous or upset?	YES
381. Do you find that you develop a pain in the back of your neck or head when you are tense, upset or nervous?	YES
382. Do you feel that other people are doing things to hurt you?	YES
383. Do you frequently explode over things which are really not very important?	YES
384. Are you a very shy person?	YES
385. Do you find that your hands are often trembling?	YES
386. Do you find you are often depressed or worried about something?	YES
387. Do you often lie awake at night?	YES
388. Do you find that you cry almost every day?	YES
389. During the past year, have you noticed that you have lost interest in sexual activity?	YES
390. Are you tired in the morning after getting a good night's sleep?	YES
391. Have you ever sought professional help because of a nervous, mental or emotional problem?	YES
392. Have you ever had persistent numbness or weakness in any part of your body?	YES
393. Has any part of your body ever been paralyzed?	YES
394. Have you ever experienced any unsteadiness in your walking or balance?	YES
395. Have you ever been knocked unconscious?	YES



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396. Has your handwriting changed recently?	YES
397. Have you noticed any tremor or shaking of your hands or any other parts of your body?	YES
398. Do you have frequent headaches?	YES
399. Are these headaches severe enough to go to bed?	YES
Do these headaches occur	
400. more than once a month	YES
401. less than once a month	YES
402. more than once a week	YES
Are these headaches usually	
403. located in the frontal portion of the head	YES
404. located in the back portion of the head	YES
405. located in the sinus area	YES
406. Have you had an episode of fainting, passing out or being knocked unconscious in the past year?	YES
Was this episode of fainting, passing out or being knocked unconscious caused by	
407. an injury to your head	YES
408. drinking too much alcohol	YES
409. some upsetting reason such as an accident, shock, fright, etc.	YES
How many such episodes have you had in the past year	
410. one	YES
411. more than one	YES
How long were you unconscious or how long are you usually unconscious with such an episode?	
412. less than 5 minutes	YES
413. more than 30 minutes	YES
414. don't know how long	YES
During the past year, have you had any of the following?	
415. Speech becoming slurred	YES
416. Difficulty writing clearly as you used to	YES
417. Difficulty in buttoning your clothes	YES
418. During the past year, have you noticed unusual weakness in an arm or leg?	YES
419. Do you get pain in your joints or bones?	YES
420. Does this pain affect more than one joint or bone?	YES
421. Does a mild pain medicine such as aspirin relieve the pain?	YES

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- |  |     |
|--|-----|
| 422. Is the pain occasionally severe enough to prevent your moving an arm or leg?                      | YES |
| 423. Do you usually get stiffness in your joints when you awaken in the morning?                       | YES |
| 424. Do you ever get back pains which are so severe that they prevent you from doing your normal work? | YES |
| Are the pains  |     |
| 425. In your lower back  | YES |
| 426. In your upper back  | YES |
| 427. In your neck  | YES |
| 428. Do the pains pass from your lower spine down to the back of either or both legs?                  | YES |
| How often do you get the pains?  |     |
| 429. Every day   | YES |
| 430. Some time each week   | YES |
| 431. After doing heavy work  | YES |
| 432. Rarely  | YES |
| 433. Do your feet trouble you in any way?  | YES |
| 434. Do you wear special shoes?  | YES |
| 435. Can you lift as well as you could five years ago?   | YES |
| 436. Are your arms nearly equal in strength?   | YES |
| 437. Are your legs nearly equal in strength?   | YES |
| 438. Have you ever had a neck injury including a "Whiplash"?   | YES |
| 439. Have you ever had bursitis or pain in the shoulder or hip?  | YES |

**ANSWER ONLY IF MALE!**

- |  |     |
|--|-----|
| Have you ever had any of the following?  |     |
| 440. Prostatitis or infected prostate gland?                                     | YES |
| 441. Enlarged prostate gland   | YES |
| 442. Cyst or tumor of your testicles   | YES |
| 443. Prostate surgery  | YES |
| 444. Inability to have an erection?  | YES |
| 445. Have you had or do you have sores on the Penis?                             | YES |
| 446. Have you had or do you have discharge from the Penis?                       | YES |
| 447. Have you had or do you have swelling or tenderness of scrotum or testicles? | YES |
| 448. Have you had or do you have any problem with infertility or impotence?      | YES |

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449. Have you been circumcised?	YES
450. Have you ever had an instrument (Cystoscope, etc.) passed into the bladder?	YES
In the male breast, have you ever had	
451. Lumps?	YES
452. Tenderness?	YES
453. Discharge?	YES

**ANSWER ONLY IF FEMALE!**

Have you ever had any of the following operations?	
454. "D and C" (scraping of the womb)	YES
455. Cesarean section ("C" section)	YES
456. Removal of ovary only	YES
457. Partial hysterectomy (removal of the womb)	YES
458. Total hysterectomy ( removal of the womb, ovaries, cervix, etc.)	YES
459. Simple breast surgery	YES
460. Removal of a breast (Mastectomy)	YES
When did you last have a cervical "PAP" smear?	
461. In the last two years	YES
462. More than two years ago	YES
463. In the past year, have you noticed any discharge from the breast nipple other than when you were pregnant?	YES
464. Have you ever noticed any lumps in your breast?	YES
465. Is the lump now present?	YES
Is the lump(s) located in	
466. left breast only	YES
467. right breast only	YES
468. both breasts	YES
For how long have these lumps been present?	
469. less than six months	YES
470. for six months or more	YES
471. Are your menstrual periods irregular in any way?	YES
472. Have your menstrual periods stopped?	YES
473. Are you pregnant?	YES
474. During the past year, have you had a marked change in the type or timing of your menstrual periods?	YES
475. During the past year, have you had an irregular vaginal bleeding that was not a period?	YES
476. During the past year, have you had spotting of blood between periods?	YES
477. Do you have to stay home because of your periods?	YES

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478. Do you use medication for menstrual pain?	YES
479. Do you take hormones?	YES
480. Have you taken hormones, but discontinued?	YES
481. Do you take birth control pills?	YES
482. Have you ever changed brands of birth control pills?	YES
483. Have you taken birth control pills but stopped?	YES
484. Have you had an IUD, such as loop, spring, diaphragm, etc. inserted?	YES
485. If not still in place, did it fall out?	YES
486. If not still in place, was it removed?	YES
487. Do you use any other method to prevent pregnancy?	YES
488. Do you think you are pregnant now?	YES
489. Have you ever had an abnormal "PAP" Cancer Smear?	YES
<b>AUDIOMETRIC HISTORY</b>	
490. Have you been exposed to loud noises recently?	YES
491. Was there noise exposure on your previous jobs?	YES
492. In the military, did you ever have exposure to gunfire, jet engines or other excessive noise?	YES
493. Have you ever had or do you have:	
(a) ear infection	YES
(b) ear drainage	YES
(c) ear injury: left ear	YES
right ear	YES
(d) ear surgery: left ear	YES
right ear	YES
(e) excessive ringing in ears	YES
(f) head injury without unconsciousness	YES
(g) hearing problems from medications	YES
494. Do you have significant exposure to any of the following without ear protection outside your employment	
(a) use of firearms	YES
(b) motor cycles	YES
(c) power tools	YES
(d) farm machinery	YES
(e) speed boats	YES
(f) rock music bands	
495. Are you currently under a doctors care for hearing problems?	YES

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DELAWARE STATE POLICE  
2013 – OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE  
Non-specialized Unit

To the employer: Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require medical examination.

To the employee:

Can you read (circle one)? Yes/No

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

Part A. Section 1. (Mandatory) The following information must be provided by every employee who has been selected to use any type of respirator. (please print)

1. Today's date: \_\_\_\_\_
2. Your name: \_\_\_\_\_
3. Your age (to nearest year): \_\_\_\_\_
4. Sex (circle one): Male/Female
5. Your height: \_\_\_\_\_ ft. \_\_\_\_\_ in.
6. Your weight: \_\_\_\_\_ lbs.
7. Your job title: \_\_\_\_\_
8. A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code): \_\_\_\_\_
9. The best time to phone you at this number: \_\_\_\_\_
10. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one)? Yes/No

The questionnaire reviewer is our contracted medical service provider. Human Resources will forward all documents to their staff for review. Specific contacts within the provider network may be obtained from DSP Human Resources.

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11. Check the type of respirator you will use (you can check more than one category):
- a. ☐ N, R, or P disposable respirator (filter-mask, non-cartridge type only).
  - b. ☒ Other type (for example, half or full-face piece type, powered-air purifying, supplied-air, self-contained breathing apparatus).
12. Have you worn a respirator (circle one)? Yes/No

If "yes" what type(s)? Full-face air purifying respirator

Part A. Section 2 (Mandatory) Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please circle "yes" or "no").

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month?  
Yes/No
2. Have you ever had any of the following conditions?
- a. Seizures (fits): Yes/No
  - b. Diabetes (sugar disease): Yes/No
  - c. Allergic reactions that interfere with your breathing: Yes/No
  - d. Claustrophobia (fear of closed-in places): Yes/No
  - e. Trouble smelling odors: Yes/No
3. Have you ever had any of the following pulmonary or lung problems?
- a. Asbestosis: Yes/No
  - b. Asthma: Yes/No
  - c. Chronic bronchitis: Yes/No
  - d. Emphysema: Yes/No
  - e. Pneumonia: Yes/No
  - f. Tuberculosis: Yes/No
  - g. Silicosis: Yes/No
  - h. Pneumothorax (collapsed lung): Yes/No
  - i. Lung Cancer: Yes/No
  - j. Broken ribs: Yes/No
  - k. Any chest injuries or surgeries: Yes/No
  - l. Any other lung problem that you've been told about: Yes/No
4. Do you currently have any of the following symptoms of pulmonary or lung illness?
- a. Shortness of breath: Yes/No
  - b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes/No

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- c. Shortness of breath when walking with other people at an ordinary pace on level ground: Yes/No
  - d. Have to stop for a breath when walking at your own pace on level ground: Yes/No
  - e. Shortness of breath when washing or dressing yourself: Yes/No
  - f. Shortness of breath that interferes with your job: Yes/No
  - g. Coughing that produces phlegm (thick sputum): Yes/No
  - h. Coughing that wakes you up early in the morning: Yes/No
  - i. Coughing that occurs mostly when you are lying down: Yes/No
  - j. Coughing up blood in the last month: Yes/No
  - k. Wheezing: Yes/No
  - l. Wheezing that interferes with your job: Yes/No
  - m. Chest pain when you breathe deeply: Yes/No
  - n. Any other symptoms that you think may be related to lung problems: Yes/No
5. Have you ever had any of the following cardiovascular or heart problems?
- a. Heart attack: Yes/No
  - b. Stroke: Yes/No
  - c. Angina: Yes/No
  - d. Heart failure: Yes/No
  - e. Swelling in your legs or feet (not caused by walking): Yes/No
  - f. Heart arrhythmia (heart beating irregularly): Yes/No
  - g. High blood pressure: Yes/No
  - h. Any other heart problem that you've been told about: Yes/No
6. Have you ever had any of the following cardiovascular or heart symptoms?
- a. Frequent pain or tightness in your chest: Yes/No
  - b. Pain or tightness in your chest during physical activity: Yes/No
  - c. Pain or tightness in your chest that interferes with your job: Yes/No
  - d. In the past two years, have you noticed your heart skipping or missing a beat: Yes/No
  - e. Heartburn or indigestion that is not related to eating: Yes/No
  - f. Any other symptoms that you think may be related to heart or circulation problems: Yes/No
7. Do you currently take medication for any of the following problems?
- a. Breathing or lung problems: Yes/No
  - b. Heart trouble: Yes/No
  - c. Blood pressure: Yes/No
  - d. Seizures (fits): Yes/No
8. If you've used a respirator, have you ever had any of the following problems? (if you've never used a respirator, check the following space and go to question 9):\_\_



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- a. Eye irritation: Yes/No
  - b. Skin allergies or rashes: Yes/No
  - c. Anxiety: Yes/No
  - d. General weakness or fatigue: Yes/No
  - e. Any other problem that interferes with your use of a respirator: Yes/No
9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire? Yes/No

Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-face piece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary. (Must answer as we utilize full-face respirators)

10. Have you ever lost vision in either eye (temporarily or permanently)? Yes/No
11. Do you currently have any of the following vision problems?
- a. Wear contact lenses: Yes/No
  - b. Wear glasses: Yes/No
  - c. Color blind: Yes/No
  - d. Any other eye or vision problem: Yes/No
12. Have you ever had an injury to your ears, including a broken ear drum? Yes/No
13. Do you currently have any of the following hearing problems?
- a. Difficulty hearing: Yes/No
  - b. Wear a hearing aid: Yes/No
  - c. Any other hearing or ear problem: Yes/No
14. Have you ever had a back injury? Yes/No
15. Do you currently have any of the following musculoskeletal problems?
- a. Weakness in any of your arms, hands, legs, or feet: Yes/No
  - b. Back pain: Yes/No
  - c. Difficulty fully moving your arms and legs: Yes/No
  - d. Pain or stiffness when you lean forward or backward at the waist: Yes/No
  - e. Difficulty fully moving your head up or down: Yes/No
  - f. Difficulty fully moving your head side to side: Yes/No
  - g. Difficulty bending at your knees: Yes/No
  - h. Difficulty squatting to the ground: Yes/No
  - i. Climbing a flight of stairs or a ladder carrying more than 25 lbs: Yes/No



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- j. Any other muscle or skeletal problem that interferes with using a respirator:  
Yes/No

Part B. Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.

1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen? Yes/No

If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions? Yes/No

2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g. gases, fumes, or dust), or have you come into skin contact with hazardous chemicals? Yes/No

If "yes," name the chemicals if you know them: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you ever worked with any of the materials, or under any of the conditions, listed below?

- a. Asbestos: Yes/No
- b. Silica (e.g., in sandblasting): Yes/No
- c. Tungsten/cobalt (e.g., grinding or welding this material) Yes/No
- d. Beryllium: Yes/No
- e. Aluminum: Yes/No
- f. Coal (for example, mining): Yes/No
- g. Iron: Yes/No
- h. Tin: Yes/No
- i. Dusty environments: Yes/No
- j. Any other hazardous exposures: Yes/No

If "yes," describe these exposures: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. List any second jobs or side businesses you have: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. List your previous occupations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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6. List your current and previous hobbies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Have you been in the military services? Yes/No

If "yes," were you exposed to biological or chemical agents (either in training or combat): Yes/No

8. Have you ever worked on a HAZMAT team? Yes/No

9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason? (including over-the-counter medications)  
Yes/No

If "yes," name the medications if you know them: \_\_\_\_\_  
\_\_\_\_\_

10. Will you be using any of the following items with your respirator(s)?

- a. HEPA Filters: Yes/No
- b. Canisters (for example, gas mask) Yes/No
- c. Cartridges: Yes/No

11. How often are you expected to use the respirator(s) (circle "yes" or "no" for all answers that apply to you)?

- a. Escape only (no rescue): Yes/No
- b. Emergency rescue only: Yes/No
- c. Less than 5 hours per week: Yes/No
- d. Less than 2 hours per week: Yes/No
- e. 2 to 4 hours per day: Yes/No
- f. Over 4 hours per day: Yes/No

12. During the period you are using the respirator(s), is your work effort?

- a. Light (less than 200 kcal per hour): Yes/No

If "yes," how long does this period last during the average shift:  
12 hrs. 0 mins.

Examples of a light work effort are sitting while writing, typing, drafting, or performing light assembly work; or standing while operating a drill press (1-3 lbs.) or controlling machines.

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b. Moderate (200 to 350 kcal per hour): Yes/No

If "yes," how long does this period last during the average shift:

12 hrs. 0 mins.

Examples of moderate work effort are sitting while nailing or filing; driving a truck or bus in urban traffic; standing while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; walking on a level surface about 2 mph or down a 5-degree grade about 3 mph; or pushing a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.

c. Heavy (above 350 kcal per hour): Yes/No

If "yes," how long does this period last during the average shift:

12 hrs. 0 mins.

Examples of heavy work are lifting a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; shoveling; standing while bricklaying or chipping castings; walking up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).

13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator? Yes/No

If "yes," describe this protective clothing and/or equipment:

Chemical protective suit and law enforcement gear belt, rain gear

14. Will you be working under hot conditions (temperature exceeding 77 deg. F)? Yes/No

15. Will you be working under humid conditions? Yes/No

16. Describe the work you'll be doing while you're using your respirator(s)?

Victim rescue, site security and patrol operations

17. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases)?

WMD agents, bodily fluids, crowd control and riot control agents

18. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s)? Unknown

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Name of the first toxic substance: \_\_\_\_\_  
Estimated maximum exposure level per shift: \_\_\_\_\_  
Duration of exposure per shift: \_\_\_\_\_  
Name of second toxic substance: \_\_\_\_\_  
Estimated maximum exposure level per shift: \_\_\_\_\_  
Duration of exposure per shift: \_\_\_\_\_  
Name of third toxic substance: \_\_\_\_\_  
Estimated maximum exposure level per shift: \_\_\_\_\_  
Duration of exposure per shift: \_\_\_\_\_  
The name of any other toxic substance that you'll be exposed to while using your  
respirator: \_\_\_\_\_

19. Describe any special responsibilities you'll have while using your respirator(s)  
that may affect the safety and well-being of others (for example, rescue, security)?

Rescue and security, crowd and traffic control

\_\_\_\_\_  
Officer's Signature

\_\_\_\_\_  
Date

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**APPENDIX C**  
**MINIMUM MANDATORY SUBMISSION REQUIREMENTS**

The vendor solicitation response should contain at a minimum the following information:

1. Transmittal Letter as specified on page 1 of the Request for Proposal including an Applicant's experience, if any, providing similar services.
2. The remaining vendor proposal package shall identify how the vendor proposes meeting the contract requirements and shall include pricing. Vendors are encouraged to review the Evaluation criteria identified to see how the proposals will be scored and verify that the response has sufficient documentation to support each criteria listed.
3. Pricing as identified in the solicitation
4. One (1) complete, signed and notarized copy of the non-collusion agreement (See Attachment 2). **MUST HAVE ORIGINAL SIGNATURES AND NOTARY MARK** – Form must be included.
5. One (1) completed RFP Exception form (See Attachment 3) – please check box if no information – Form must be included.
6. One (1) completed Confidentiality Form (See Attachment 4) – please check if no information is deemed confidential – Form must be included.
7. One (1) completed Business Reference form (See Attachment 5) – please provide references other than State of Delaware contacts – Form must be included.
8. One (1) complete and signed copy of the Subcontractor Information Form (See Attachment 6) for each subcontractor – only provide if applicable.
9. One (1) complete Employing Delawareans Report (See Attachment 9)
10. One (1) complete OSD application (See link on Attachment 10) – only provide if applicable

The items listed above provide the basis for evaluating each vendor's proposal. **Failure to provide all appropriate information may deem the submitting vendor as “non-responsive” and exclude the vendor from further consideration.** If an item listed above is not applicable to your company or proposal, please make note in your submission package.

Vendors shall provide proposal packages in the following formats:

1. Six (6) paper copies of the vendor proposal paperwork. **One (1) paper copy must be an original copy, marked “ORIGINAL” on the cover, and contain original signatures.**
2. One (1) electronic copy of the vendor proposal saved to CD or DVD media disk, or USB memory stick. Copy of electronic price file shall be a separate file from all other files on the electronic copy. (If Agency has requested multiple electronic copies, each electronic copy must be on a separate computer disk or media).

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**APPENDIX D  
MINIMUM REQUIRED PRICING**

As referenced in the scope of work, at a minimum, separate prices for the following services are requested.

- a. Basic physical examination
- b. Itemized listing and pricing for laboratory testing listed in Laboratory Procedures - #E.
- c. Chest X-Rays (single view)
- d. Audiogram/Booth
- e. Visual Acuity – Titmus
- f. Pulmonary Function Test
- g. Review of OSHA Respirator Medical Evaluation Questionnaire
- h. 10-panel Non-DOT Drug Screen with Chain of Custody Handling
- i. Electrocardiogram
- j. Heavy Metals Blood Test – Arsenic, Lead, Cadmium, Chromium, Mercury, Zinc, Copper, Tin, and Aluminum

Vendors may also include other pricing as deemed appropriate to provide services as identified in the scope of work. All pricing presented shall be clearly structured and identified. Government Support Services will reserve the right to seek clarifications in pricing or services as presented by the bidding entity.